mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

m of infor-

D. Every

-WRITE PLAN

N. B.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 4789
1 4	Designation Dist No 1
County	Registration Dist. No.
Village or City Sussy	No. St., Wa death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign blrth?yrsmos
2. FULL NAME Omity Afram	
(a) Residence: No. A Sury Gnal	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Hem, Colored modern	(Month) (Day) (Year)
a. If married, widowed, or divorcad HUSBAND of	m I I I I I I I I I I I I I I I I I I I
(or) WIFE of Unferrown	22. I HEREBY CERTIFY, That I attended deceased fr
18331	I last saw h A alive on Mary 15, 19.36; death is s
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	to have occurred on the data slated above, at 2 A
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
2 Trade profession or carticular	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Churce niphertie 192
9. Industry or businass in which work was dona, as SILK MILL,	- June 12 - Company of the Company o
SAW MILL BANK RIC	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Qulvest	coma 2d
(Stata or country)	
13. NAME MCK Amith	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Calvert Co	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME A arasia and the second seco	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Author Amith	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Allang Mal.	Marca Caller
Place July Dateman 3 1 193 €	Manner of injury
00000	Nature of injury
19. UNDERTAKER STATES	24. Was disease or injury in any way related to occupation of deceased?
(Address)	(Signed) Sever Manager M
	(Signed) // A. V. C. E. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance.	
	15 4 4000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	E OF MARTLAND	-CERTIFICATE OF DEATH	1790
County .	A.	Registration Dist. No.2	
Village or City	mold A.A.	CUNO. S	t.,War
Length of residence in city or town		If death occurred in a hospital or institution, give its NAME instead of stree s	
2. FULL NAME Lo	use Adam	2	
(a) Residence: No.	inold.	St., Ward.	
DEDCONAL AND CTA	(Usual place of abode)	If nonresident give city or tow	
3. SEX 4. COLOR OR RA	TISTICAL PARTICULARS CE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	IH
team Ochra	OR DIVORCED (write the word)	may 2	, 193
5a. If married, widowed, or divorced	y wown	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	arvey adams	22. HEREBY CERTIFY, Thet I att	ended deceesed fro
6. DATE OF BIRTH (month, day, end yea	70/ 11/878	Hest sew half alive on man 2	36 - death is so
	nths Days If LESS than	to have occurred on the date steted ebove, at	
57	22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular	11		Data of onse
kind of work done, as SPINN SAWYER, BDDKKEEPER, etc 9. Industry or business in which	Now with the man	Mr. hephintis	
work wes done, es SILK MIL SAW MILL, BANK, etc.		Uralmia	ym2
10. Date deceased last worked at this occupation (month end	11. Total time (years) spant in this		•••••
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	t- marys Co	-	
TI 13. NAME	- Aleis		
14. BIRTHPLACE (city or town)	0.,7	Neme of operation Det	e of
(Stete or country)	1 marys-	What test confirmed diagnosis? Unit KRU, Was the	re en eu!opsy? _
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	ary Deigo	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the fo	llowing:
16. BIRTHPLACE (city or town)	1	Accident, suicide, or homicide? Date of injury	19
(Stete or country)	marys	Where did injury occur? (Specify city or town, county a	nd State)
17. INFORMANT Offar	love Infam	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	rea of a con con con	Manner of injury	
Plece SI mas	Ja Date May 5, 1936	Nature of injury	
19. UNDERTAKER 2-13	Irtmam	24. Was disease or injury in any way related to occupation of decease	or hu.
(Address)	Amapello	If so, specify	
20. FILED 5 5 , 1936	A Murph.	(Signed) /// Burul 7. Kaw	ans M.
	Registrar.	(Address) 21 87WN G B72	14

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Chronic interstitial nephritis 1921 Run over by street car 1 week Cerebral hemorrhage July 5, 1927 Peritonitis 3 days of the contributory causes of importance: Other contributory causes of importance:	Example I	i i	Example II	
Chronic interstitial nephritis 1920 1921 Run over by street car 1 week. Cerebral hemorrhage July 5, 1927 Peritonitis 3 days of the contributory causes of importance: Other contributory causes of importance:	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Cerebral hemorrhage July 5, 1927 Peritonitis 3 days of the Contributory causes of Importance: Other contributory causes of Importance:	Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Other contributory causes of Importance: Other contributory causes of importance:	Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Other contributory causes of importance: Other contributory causes of importance:	Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	JUN 5 1936			
Gallstones May 1.1923 Gastroenteritis 1 year				
1 900	Gallstones	May 1,1923	Gastroenteritis	1 year

of infor-

ATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATI OCC plnods Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS statement If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH R DIVORCED (write the word) CIL (Month) (Day) classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE If LESS than Months Days 1 day, ____hrs or____min. Date of onset 8. Trade, profession, or particular THIS. CCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. back 9. Industry or business in which may should work was done, as SILK MILL SAW MILL, BANK, etc. 1D. Date deceased last worked a OIL 1. Total time (years) this occupation (month and spent in this that cupation instructions Other Contributory Causes of importance: 12, BIRTHPLACE (city or town) (State or country) supplied plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?_ 16. BIRTHPLACE (city or tow DEATH (State or country Where did Injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnous (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury AUSE mation Nature of injury LION 24. Was disease or 19. UNDERTAKER (Address) If so, specify (Signed Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
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A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	107.00 × 4.792
OCC	County A	Registration Dist. No.
=	Village or City Thulbelly / Ville	NoSt.,Ward
0		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
IAN nen	2. FULL NAME William Am	delen
PHYSICIANS oct statement	(a) Residence: No. In the State That	St Ward.
HYS:	(Usual place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CY.	3. SEX) 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
	6. DATE OF BIRTH (month, day, and year) Pun 20 1935	last sew ham elive on Man 12 1935 deeth is seld
Ely ate	6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Deys If LESS than	to have occurred on the dete stated above, et. 5 9t m.
stated E properly certificate	23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
be sta	8. Trede, profession, or particular	acute Branchitis 5/9/36
	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.	Branche Engunania?
should it may n back	U.	
E + 0 -	10. Date deceased last worked at this occupetion (month end year)	
oplied. AGE erms, so that instructions of	7 11.00 71.70	Dther Contributory Causes of Importance:
d. so ructi	12. BIRTHPLACE (city or town)	Chane
upplied terms, instra	13. NAME Bernard Fraderson	
7 4	14. BIRTHPLACE (city or town) (State or country)	Neme of operation
efully su in plain ant. See	15. MAIDEN NAME MOBIL PCION	23. If death was due to external causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
ATF Pool	X (State or country) A-A-CV-	Where did injury occur?
ADE	17. INFORMANT Sadil Frankling (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
7.0	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
on s	Place Broadneck Date Muly 14, 1936	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER 13. Julians	24. Was disease or injury In eny wey related to occupation of deceesed. NO
(1)	20. FILED 5- 14, 19 36 Mungly Registrar.	(Signed) J. Milles Marlin M.D. (Address) Arman of olive MA.
		2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

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Example I	1	Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1930	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEA	TATE	JF MAR	YLAND—	CERTIFICATE OF DEATH 4793	
	-a.		WITH		
Village or City Q		olio	cmp	Registration Dist. No. St., No. St., death occurred in a possital or institution, give it NAME instead of street and no	Wa
Langth of residence in ci	ty or town where	death occurred	yrs,mo:		
2. FULL NAME(a) Residence: No	Paro	egl Reg	Pinal	asferille 52X-	
PERSONAL AN	DSTATIST	(Usualplace		If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	State
	R OR RACE	5. SINGLE, MARI		21. DATE OF DEATHMON	193.3
5a. If marriad, widowed, or divo		The		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended d	acaasad fr
	10	2		(19 lo 10 lley)	, 1925
6. DATE OF BIRTH (month, da		e 7-1	433	I last saw h Live elive on Way 1	daath Is s
7. AGE Yaars	Months	Days	If LESS than I day,hrs.	to have occurred on the dete stated above, at 1130 cm.	
	1 7	25	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of on:
8. Trade, profession, or policy kind of work done, SAWYER, BOOKKEE	articuler as SPINNER,				47
9 Industry or business in	which			Dat war underweed	1/26
work was done, as SAW MILL, BANK,	SILK MILL,			(Organism anadminen)	1/4
10. Date decaased last word this occupation (mo	kad at	11. Total ti span	me (yaars)		
yaar)		occu	pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Par	le ma	9	Other Coad-sacty Cades of Importance.	
(State or country))	,	pre	
13. NAME	es as	fuell		4	
f4. BIRTHPLACE (city or to	- ' /	/		Neme of oparetion Date of	
(Stata of Country)	le a	0,0	mg,	What tast confirmed diagnosis? - Cluertal - Was thara an au	topsyste
15. MAIDEN NAME 16. BIRTHPLACE (city or to	lega	belle 9	heppe	23. If death was due to externel causes (VIOLENCE) fill in elso tha following:	
				Accident, suicida, or homicide? Date of injury	, 19
≥ (State or country)	aa	Cr n	22	Where did injury occur?	
17. INFORMANT	asy	ula		(Specify city or town, county and State Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
(Address) (Addre		ma			
Place MC	022	Date May	3 36	Mannar of injury	
	LO 11	- 1		Neture of injury	
f9. UNDERTAKER	5	Jan Jan		24. Was disease or injury in any way related to occupation of deceased?	<i>W</i>
(Addless)	4/1	- 11	97	If so, specify Allert Landonson	~
20. FILED	19 56	Janes	Registrar.	(Signed) (Addrass) / Man his C	7/
			Regimiar.	(Mudiass)	

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroemeritis	1 year
>		ELECTION OF THE SECTION OF THE SECTI	

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9 6 9 4
County Anne String & C.	Registration Dist. No. 20
Village or City Dou! To Navsa	No. St., War
Length of residence in city or town where death occurred 8 4yrs	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Mary Virginia	Jusquith 1
(a) Residence: No. Am / This ex / My	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow Ly	21. DATE OF DEATH May (Day) (Year)
5a. If married, widowed, or divorced to 1 Saveth HUSBAND of (or) WIFE of \$5, WSquilly	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Trus, 10 7 185	I last sew on alive on May 6 7 36; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the deta stated above, at 415 72 m.
04 V 00 ormin.	The PRINCIPAL GAUSE OF DEATH and releted ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. Industry or business in which	Trunchial tuke 1 from 3
10. Data decessed last worked at this occupation months and spent in this	Broncho Thousanomal Curto
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Many and	
13. NAME Bengamind Freland	
14. BIRTHPLACE (city or town)	Nema of oparetion Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Darah Niby 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata og country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Them - Holands	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2 d a la	Menner of injury
Place Tope Chapel My Data Man 7 - 19 36	Nature of Injury
19. UNDERTAKER Sough Hotology (Address) Cush policy	24. Was disease or Injury In any way related to occupation of deceased? // b
20. FILED May \$ 36 Edward Collen	(Signed) Mintim Hory as M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis E C E IVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JIN 5 1936				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-	
No.	
V2	
>	

* \$ *	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4705
infor- state UPA-	1. PLACE OF DEATH	(92)
	County Crue Crue del	Registration Dist. No. 2
	Village or City Omerbol:	No. 15 Combell St., 2 Ward
	(If Length of residence in city or town where death occurred 56 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmos,ds.
Every SIANS	(/- 12	1 - / / / / / / / / / / / / / / / / / /
CD. Every YSICIANS statement	2. FULL NAME + anus Dal	Cay 3
	(a) Residence: No. (Usuai place of abode)	9f., 2 Ward. If nonresident give city or town and State
PH ract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE Ex:	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word),	21. DATE OF DEATH
LYL	male Wille Widown	(Month) (Day) (Year)
IDING MANEN A C T I assified.	5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Jokhuse Bailes	22. ,1 HEREBY CERTIFY, Thet I attended deceased from
MA MA lass	(or) WIFE OF HOPLINE D'arley	apr 20, 1931, 10 mar 2, 1936
BINDIN PERMANH EXACT y classificate.	6. DATE OF BIRTH (month, day, end year) March 174/850	I lest saw h. 11 elive on Mary 2 , 19 3 Feeth Is said
R J	7. AGE Years Months Days If LESS than 1 dey,	to heve occurred on the dete steted above, at
FOR BI IS A PEI stated E properly certificate.	86 / /3 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date of one of the principal causes of Importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, es SPINNER, Waterman	la garriage the
TH d h	9. Industry or business in which	or villa carries in
ERVI K-T hould may back	work was done, es SILK MILL, SAW MILL, BANK, etc.	<u> </u>
IN I	10. Date deceased lest worked et this occupetion (month end spent in this	
NEGIN RESPICED IN STREET I	yeer) occupation	Other Contributory Canse of Impostance:
ADINADINA S.	12. BIRTHPLACE (city or town) Clumary (State or country)	We DIM Mours
RG IFA Ilied	# 13. NAME Muksuron	That 9
	14. BIRTHPLACE (city or town) Muleyown	Neme of operation
E . E 02	14. BIRTHPLACE (city or town) Mulesson (State or country)	Whet test confirmed diagnosis? Was there en eu'opsy?
WIT) fully n pla	15. MAIDEN NAME Mulmorn	23. If deeth wes due to externel causes (ViOLENCE) fill in elso the following:
L.C.Y. W be careful EATH in important	[16. BIRTHPLACE (city or town) Unhamme	Accident, suicide, or homicide? Date of injury, 19
be be mpc	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT John 3. 7. Sailer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	(Addreys)/ Compton 2014-	Manner of injury
	Place It armin Date May 5, 1936	Neture of injury.
-WRIT mation CAUSE TION i	THE DESCRIPTION OF THE PROPERTY OF THE PARTY	24. Wes disease or injury in eny way related to occupation of deceased?
- I BOE	(Address) Company 2011	if so, specify
S. No.	20, FILED 5 4 1931 AMMS	(Signed) M. D.
> X	Reistrar.	(Address) J. Www. The N. M.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	Example II The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA.

reem of infor-

INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

-WRITE PLA

V. S. No. 1 m. TION is very important. See instructions on back of certificate.

4796 STATE OF MARYLAND-CERTIFICATE OF DEATH

County C.C. O. Registration Dist. No. 22	
Village or City Stree No. St.	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and num Length of residence In city on the company of the c	
Clou Da. Kac	
,	
(a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and St.	ale
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
The decided of the word of the	93
5a. If married, widowed, or dispriced HUSBAND of (or) WIFE of Ludius Boulu 22. HEREBY CERTIFY, Thet I ettended decided.	
6. DATE OF BIRTH (month, day, and year) www 7188 1 i last saw hele elive on May 6th 1936;	., 19 3. 6 leath is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 430 PM.	
574 0 1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	ate of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, April 1990	
■ < 9 Industry or business in which	22
SAW MILL, BANK, etc	1-1
11. Total time (yeers) this occupation (month and spent in this	عرد
year) Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Les. Co. Hypertensing Carlos	
13. NAME / Seuf. White 14. BIRTHPLACE (city or town) Neme of operation. Date of.	
(State or country) What test confirmed diagnosis? Wes there are a pulcing the confirmed diagnosis?	psv?
15. MAIDEN NAME Cligabith Ceyer 23. Edeath was due to externel causes (VIDLENCE) fill in aiso tha following:	
16. BIRTHPLACE (city or town) Accident, wicide, or homicide? Date of injury Date of injury	10
Where did injury occur/ Specify city or a graphy and State)	
17. INFORMANT Cucles PLACE (Address) Specify whether Injury occurred in INDUSTRACE OF IN PUBLIC PLACE (Address)	
18. BURIAL, GROMATUN, OR REMOVAL AND Menner of injury	
Plant H. Current Compate 19 19 New New of injury	
19. UNDERTAKEN Jumes Office 24. Was disease or injury in any wey related to occupation of deceased?	<i>U</i>
(Address) / 8/8 Dreuf Hul Clm. If so, specify	
20. FILED May 7, 1936 N. I. Jones (Signed 102)	M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	ed

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 1938	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephralis QUESTIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH	4797

	CERTIFICATE OF DEATH 4/9/
1. PLACE OF DEATH	108
County Ann Lrundel	Registration Dist. No.
Village or City In A Carmel	No. Mountain St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME AMA WILLEG / DENIS	If U. S. Veteran, specify WAR
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Dat) (Year)
5a. If marriad, widowed, or divorced	
(or) WIFE of Rubus Bendon	22. J. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 17 Nov 1885	I last saw h alive on
7. AGE Years Months Oays If LESS than I dayhrs.	to hava occurred on the date stated above, at
30 3 22 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Chronic Julystillar 11/127
9. Industry or business in which	174
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total tima (years) this occupation (month and year) spent in this occupation.	
1 - 2 Al warde 16	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) And And Control (State or country)	Jesmina Morar
	Freumonia //wa
14. BIRTHPLACE (city or town) Franchisco	19360
4 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME/Norg Course Parfuls	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Town Town Town Town Town Town Town Town	Accident, suicide, or homicide? Date of injury19
E (State or country) Maryland	Where did injury occur?
17. INFORMANT James 1/ 310 mg	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in 10 ME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Hannes of Laters.
Place Cedas Hell Oate May 12, 1936	Manner of injury
19. UNOERTAKER Africa Description (Address) 115 Lill 39	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILEO. V= 9, 19 36 2.4. Bleet	(Signed) Dell Vill Sold M.O.
Registrar.	(Address) Matter Court Policy Provided TI S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I VED		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE P

V. S. No. 1

TION is very important. See instructions on back of certificate.

should state m of inforSTATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLA	CE OF DEA	тн			(3)
County Anne Arundel			el	,	Registration Dist. No. 21
Village or City Edgewater			er		NoSt.,Ward
					death occurred in a hospital or institution, give its NAME instead of street and number)
					ds. How long In U.S. if of foreign birth?yrsmosds
2. FUL	L NAME	BENJAMI	N FRANK	LIN BROW	Y
(a)	Residence: No	Edgew			St., Ward.
			(Usual place		If nonresident give city or town and State
3. SEX		ND STATIST			MEDICAL CERTIFICATE OF DEATH
		OR OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 27
male		white	marrie	ed	(Month) (Dey) (Yeer)
HUSBA	d, widowed, or div ND of	Susan	A. Bro	wn	22. / LHEREBY CERTIFY, Thet I ettended deseased from
(or) WI	PE of				Nov 120 1935 10 May 275 1931
6. DATE OF	BIRTH (month, da	ny, end year) Mg	v 8 18	159	liast saw h. his ailve on May 26 20, 19 86; death is sain
7. AGE	Years	Months	Days	tf LESS than	to have occurred on the data statad above, at
	77		19	l dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
- Raired	le, profession, or p	particuler	1 13	1 01	Date of onsst
ō.	kind of work done SAWYER, BOOKKE	, as SPINNER, EPER, etc	Merchan	t	
4. 9. indu	stry or business i	n which StLK MILL Gro	STATE OF		Chance Therefiles
					110114
O to	daceesed lest wo	onth and	Sp2	time (years) ent in this	Mephretic Custares
	year)			u pation	Other Contributory Causes of importance:
	ACE (city or town	Bird	sville,		
	a or country)		Mar yla	na.	
13. NAM 14. BIRT	Jame:	a A. Bro	wn		
A 14. BIRT	HPLACE (city or t	own)			Neme of operation Date of
-	(Stete or country)		Marylan	id	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIO 16. BIRT	DEN NAME ME	ary Wrig	ht		23. If death was due to external causas (VIOLENCE) fill in elso the following:
0 16. BIRT	HPLACE (city or t	own)			Accident, suicide, or homicide? Oete of injury, 19
≥ ((State or country)		Marylar	nd	Where did injury occur?
17. INFORMANT Mrs. Susan A. Brown,			. Brown		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Edgewater, A. A. Co., Md.			A. Co	. Md.	
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md. Date May 29, 19 30			May	29 31	Manner of injury
Cedar Bluff Cemetery			Date Try	, 19	Nature of injury
19. UNDERTAKER John M. Taylor.					24. Was diseasa or injury in eny wey raieted to occupetion of deceesed?
(Address) Annapolis Md.					If so, specify
20. FILEO 5 28 19 36 X Munk 4.			My	rep 5.	(Signed) Supplemental M. [
	Registrat.			Regisfrar.	(Address) Lastfart MM.
		I hore	Manks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis .	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SE	PACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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should state reem of infor-

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OI					(83)	,		
1	County_A	nne Arunde	1			Registration Dist. No. 2	/		
1	\	ity <u>Crownsv</u>			7 (If	tea No. St., death occurred in a horpital or institution, give its NAME instead of street and n 25 ds. How long in U.S. If of foreign birth? yrs. mo	Ward wmber)		
	. FULL NA	ME Geor	ge '	Brown		If U. S. Veteran, specify WAR			
	(a) Residen		_			Istrylerid. If nonresident give city or town and			
							State		
		AL AND STATIS				MEDICAL CERTIFICATE OF DEATH			
	male	4. color or race black		R DIVORCED	IED, WIDOWED, (write the word) Pried	21. DATE OF DEATH May 8th (Month) (Day)	, 193_6 (Year)		
5a.	If marriad, widow HUSBAND of (or) WIFE of	ed, or divorced Unknown				22. I HEREBY CERTIFY, That I attended of March 13th 1936, to May 8th			
6. DATE OF BIRTH (month, day, and year) 1889				39		I last saw h im alive on May 8th 19 36			
7. AGE Years Months Days If LESS than 1 day,hrs.					1 day,hrs.	to have occurred on the date stated above, at	Oate of onset		
9 Trado profession or particular					nd	General paralysis of the in-	?		
URAI	9. Industry or businass in which work was dona, as SILK MILL,								
550	this occu	ad last workad at pation (month and		11. Total tir spen occu	tin this				
12.	BIRTHPLACE (cit (Stata or cour	ty of town)	ary.	Land	~~~~~	Other Contributory Causes of Importance: Lue s	?		
ER	13. NAME	Plessant B	row	1					
FATHER	14. BIRTHPLACE (State or	(City of town)	ary	Land	T \$4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?			
ER	15. MAIDEN NA	ME Ardine F	cahi	lin		23. If death was due to axternal causes (VIOLENCE) fill In also tha following			
MOTHER		(city or town)	Mai	yland		Accident, suicide, or homicide?Oata of injury Whera did injury occur?	, 19		
Hospital Records 17. INFORMANT Crownsville, Maryland					rland	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
18	18. BURIAL, CREMATION, OR REMOVAL NO Date May 8, 1936				8, 1936	Manner of injury			
19. UNDERTAKER F. Gascha Jones (Address) Fifallsville Md						24. Was diseasa or injury is any way related to occupation of deceased?	1		
20	. FILED May	18 JO BLE.	7.0	Joyce	Registrar.	(Signed Crownsville, Marylan	м. о.		
		If mo	re blanks	are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	100		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	Example II				
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	te of onset			
Arteriosclerosis 1915	Attack of epilepsy 1	wcek ago			
Chronic interstitial nephritis	Run over by street car	week ago			
Cerebral hemorrhage July 12	Peritonitis 3	days ago			
Other contributory causes of importance: Gallstones .	Other contributory causes of importance: Gastroenteritis	1 year			

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STATE	OF	MARYI	AND-	CERTIFICATE	OF	DEATH	480
SIAIL		MUVIZIE	שווח	CLITTIIICATE	OI	DEATH	

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
1 1 1 1 1 1	Registration Diet No. 20
1.	Registration Dist. No.
Village or City Muluell	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Sames Brown	
1 1 1	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH
male negro monied	(Moth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Eliza Smothers Brown	22. I HEREBY CERTIFY. That I attended deceased from hear 27, 1936 to hear 27, 1936
6. DATE OF BIRTH (month, day, and year) Uns. 9, 1861	lest saw h alive on heary 27, 1936; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et 7. 3 a P.m.
74 6 /6 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:
8. Trede, profession, or perticular	acute hypearditis: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	engrafted spore a chamie, mya-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	enditis businessing dix or sight
	months of Quest R
this occupation (month and spent in this	
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) U. a. Weelly	
(State or country)	hyperteneron
13. NAME Alg Berun	"arterioachioris
14. BIRTHPLACE (city or town) Manyland -	Name of operation
(State of country)	What test confirmed diagnosis? Was there en aulopsy?
16. BIRTHPLACE (city or town) Wangland	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) heavy land	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT to 6/134 S Drown (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Friendshyp Date May 28, 1936	Nature of injury
19. UNDERTAKER Robert Wood.	24. Wes disease or injury in any way releted to occupation of deceesed?
(Address) Friendslip. ned.	If so, specify
20. FILED May 27 1536 W.A. Clayton	(Signed) Emily H. Wilson, M.D.
20. FILED. PREGistrar.	(Address) Latteran, man,
	7

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: 1915 Arteriosclerosis Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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state UPA-		CERTIFICATE OF DEATH	1			
	1. PLACE OF DEATH County Arme Arundel	(83)				
should for OCE		Registration Dist. No. 🔼				
YSICIANS statement o	Village or City Crownsville State Hosp Length of residence in city or town where deeth occurred yrs. 3 mos 2. FULL NAME (a) Residence: No. Baltimore City, Marylan (b) Nount H(Usual place of abode)	death occurred in a hospital or institution, give its NAME instead of street and number of the s	ds.			
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
LY. PH	3. SEX male 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH Mey 12th (Month) (Dey)	193 6 (Yeer)			
A C T assified	5e. If married, widowed, or divorced HUSBAND of COLUMN TESSIE M. Bunch	22. I HEREBY CERTIFY, Thet I ettended deceased from February 1st, 19 36 to May 12th , 19 26 I last sew h im elive on May 12th , 19 36, deeth is seh				
E X cl:	6. DATE OF BIRTH (month, day, and year) 1894					
stated E properly certificate.	7. AGE Yeers Months Days If LESS than 1 dayhrs. ormin.	were as follows:				
be of	8. Vede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Union own	General paralysis of the in-	?			
s sh t it on	work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at this occupation (month and yeer) yeer) very					
so	12. BIRTHPLACE (city or town) North Carolings (State or country)	Other Contributory Causes of Importence:	?			
supplied. n terms, ee instru	# 13. NAME Jurdeon Bunch					
sul in to	14. BIRTHPLACE (city or town) Worth Cerolins (Stete or country)	Name of operation Dete of What test confirmed diegnosis? Wes there en eut	lopsy?			
full n pl nt.	15. MAIDEN NAME Maria Burke	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?				
ld be carefully DEATH in pla y important.	15. MAIDEN NAME Maria Burke 16. BIRTHPLACE (city or town) North Carolina (Stete or country)					
POA	17. INFORMANT Hospital Records (Address) Grownsville, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	E.			
SE OF	18. BURIAL, CREMATION, OR REMOVAL Place MT. Gullinnlet Dete 5/16, 1936	Manner of injury				
mation s CAUSE TION is	19. UNDERTAKER Mrs Rate & Williams (Address) 32 2 m. Schroeder	24. Wes disease or injury in any way related to occupation of degrased?				
(7)	20, FILED 37/3, 1936 & Muf 7 Registrar.	(Signed) Urowns ville, Maryler	M. D			

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Example I	Example II				
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:				
Arterioselerosis Chronic interelitial nephrile	1915	Attack of epilepsy	1 week ago		
On once the sender nephricas	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 4802
1. PLACE OF DEATH	(191)
County	Registration Dist. No. Ald
Village or City Manager 3 1. 7.	NoSt.,
Length of residence in city or town where death occurredyrspre	If death occurred in a horpital or institution, give its NAME instead of street and number) s
12/4	utler
2. FULL NAME	R. 2 14 . X
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEATH Way 7 193
5a. If merried, widowed, or divorced	(Month) (Day) (Yea
HUSBAND of Wartha Butter.	22. J HEREBY CERTIFY That I attended deceased
7 7 107018	19.50, to 0000, 19.50
6. DATE OF BIRTH (month, dey, end year)	l last saw h dlive on , 19 ; death is
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than I day,hrs ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
kind of work done, as SPINNER, Labour.	Charles 1192
SAW MILL, BANK, etc	
SAW MILL, BANK, etc.	
D. Date deceased last worked et this occupation (month end spent in this	
year) occupation	Dther Coutributory Causes of Importance:
year) occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME 13. NAME	5/2=
(State or country)	John 1.
14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an europsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Wather Butter	23. If death wes due to external ceuses (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
Martha Butler	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 18. RURIAL CREMATION OR REMOMAL	Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.
	Manner of injury
Place St - Warks Date 5/10/3679	Nature of injury
19. UNDERTAKER W. C. Whitebookse	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
may 9 36 Alam mahan	(Signed) Manual Mulley
20. FILED/MAY 1936 Wlara Machine Registrat.	(Address) Savagel
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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- Example I	77	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JUN 6 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	v. ====	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

23	DDIII	MAL	STACE	ron	FURTILER	SIALDME	WIP DI	THISICIA	14

ADDITIONAL CDACE FOR EUDBURD STATEMENTS DV DUVSICIAN

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1. PLACE O		Arundel			75)	7	0 481	13
County Village or (TAG	sups, Mar	yland	No. Md . f death occurred in a h		Registration Of COT	rection	Ward
Length of res	ME Rober	e death occurred rt Carter	yrsmo	2. has How I	long In U.S. if	of foreign birth?	yrs	mosds.
(a) Resider	nce: No. 1224 I	Parrish A (Usualplace	lley, Ba	ltst, Md.	Ward.		give city or town an	nd State
PERSON	AL AND STATIS	TICAL PARTI	CULARS	ME	EDICAL C	ERTIFICATE	OF DEATH	
3. SEX Male	4. color or race Colored	5. SINGLE, MAR OR DIVORCEI Single	RIED, WIDOWED, D (write the word)	21. DATE OF	DEATH	May (Month)	11,	, 193 ⁶ (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced			22. I H	EREB	YCERTIF	Y. That I attended	
	(month, day, and year)	Septembe	r 15, 19		alive on	May 11,	, 19 3 (death is said
7. AGE Yes	Months 7	Days 26	If LESS than 1 day,hrs. ormin.	to have occurred or The PRINCIPAL C. were as follows:		ed above, at	45 es of Importance	Date of onset
SAWYER 9. Industry or	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc business in which s done, as SILK MILL.	Labor	er	Acut	e Alco	oholism		
10 Dato deceas	s done, as SILK MILL, LL, BANK, etced last worked at pation (month and	11. Total ti sper occu	me (years) nt in this pation					
12. BIRTHPLACE (ci (State er cou	ty or town) Ric	hmond Virg	inia.	Other Contributory	Causes of imp	ortance:		
13. NAME	Logan Car	ter						
14. BIRTHPLACE (city or town) Unknown (State or country)							Date of Was there an	Vac
15. MAIDEN NAME Mary Carter (Unknown) 16. BIRTHPLACE (city or town) Unknown				23. If death wes due	to external ca	uses (VIOLENCE) fil	ll in also the following	ng:
	(city or town)	nknown		Accident, suicide, of Where did injury of			Date of Injury	, 19
17. INFORMANT	INFORMANT Mary Virginia Smoth (Address) Jassus & Md				(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		ate) LACE.	
18. BURIAL, CREMATION, OR REMOVAL Place LILLY TILL Date May 16, 1936				Manner of injury				
19. UNDERTAKER (Address)	2/ L Coll	en mo	L				ation of deceased?	
20. FILED May	19 ,1936	Olars M.	Hasleh Registrar.	(Signed)	80 Je	essups, I	ward and	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Dample 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car QCGT Q NOC	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis Peritonitis	3 days ago
		SECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforbe properly classified. Exact statement of OCCUPA-AGE should be stated EXACTLY. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

STATE O	F MARYLAND	-CERTIFICATE	OF	DEATH

1	. PLACE OI				84 10 280	4
		Anne Arunde			Registration Dist. No.	
	Village or C	ity Crownsy	ille St	ate Hos	oit Nol	Ward
	Langth of resi	dence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and in 18 death occurred in a hospital or institution, give its NAME instead of street and in 18 death occurred in a hospital or institution, give its NAME instead of street and in 18 death occurred in a hospital or institution, give its NAME instead of street and in 18 death occurred in a hospital or institution, give its NAME instead of street and in 18 death occurred in a hospital or institution, give its NAME instead of street and in 18 death occurred in a hospital or institution, give its NAME instead of street and in 18 death occurred in a hospital or institution, give its NAME instead of street and in 18 death occurred in 18 death	
2	. FULL NAI	ME Rosie	Carter		If U. S. Veteran, specify WAR	********
	(a) Residen	ce: No Baltin	ore, Mar	yland	St., Ward. St. Ward. St. Ward. Ward. Ward. Ward. St. Ward. Ward.	State
profession	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
f	emale	4. COLOR OR RACE black	5. SINGLE, MARK OR DIVORCED M& PI	(write the word)	21. DATE OF DEATH May 8th (Month) (Day)	, 193 6 (Year)
5a.	If marriad, widow HUSBAND OF (or) WIFE of	ad, or diverced UNKNOWN			22. March 20th 1936 to May 8th	deceased from
6	DATE OF RIPTH ((month, day, and yaar)	1881 (?)	I last saw h im alive on May 8th 19 36	
	AGE Yea		Days	If LESS than	to have occurred on the data stated above, at 8 28 A. M .	
	55	? Unkr	own	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca ware as follows:	
_	8. Trade, profes	ssion, or particular		1 01	Exhaustion due to manic de-	Date of onset
PATION	kind of w SAWYER,	vork dona, as SPINNER, BOOKKEEPER, atc	House	ework	pressive insanity	?
PAT	9. Industry or work was	businass in which s done, as SILK MILL,		_	,	
DO.	SAW MIL	L, BANK, atc	1 =		-	
၃၁၀	this occu	ed last workad at pation (month and		tin this		
	year)			pation	Other Contributory Causes of importance:	
12.	(State or cour)Wn			
ER	13. NAME	Henry Emory	•			
FATHER	14. BIRTHPLACE	(city or town)	Unkno wn		Name of operation Date of	
F	(State or				What test confirmed diagnosis? Was there an	autopsy?
ER	15. MAIDEN NA	ME Bell Ba	11		23. If death was due to external causes (VIOLENCE) fill in also the following	g:
MOTHER	16. BIRTHPLACE (State or	(city or town)	Unknov	in	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	INFORMANT	Hospital Crownsvil	kecords	land	(Specify city or town, county and Standard Stand	te) ACE.
18.		TON, OR REMOVAL	Data May	-12 1936	Manner of injury	
19.	UNDERTAKER (Addrass)	1 garnord P	Newsle	7	24. Was disaase or injury is any way related to occupation of disaased?	0
20.	FILED 5-	9. ,19 3	Mu	of hy. Registrar.	(Sign(d) Crownsville, Mary)	M.D.
-					J -	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	l fi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ILN 5 1930	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributors of in a			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—WRITE PLAI: LY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every rem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state		infor-	state
W.S. No. 1 N. B.—WRITE PLAILY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every a mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	N)	tem of	plnous
N. S. No. 1 N. B.—WRITE PLAILY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI		Every	CIANS
V.S. No. 1 N. B.—WRITE PLAILY, WITH UNFADING INK—THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY.	•	ECC.,CD.	PHYSI
W.S. No. 1 N. B.—WRITE PLAILY, WITH UNFADING INK—THIS IS A PERMANE mation should be carefully supplied. AGE should be stated EXACT	ڻ ت	INT RI	LY.
N. B.—WRITE PLAILY, WITH UNFADING INK—THIS IS A PErmation should be carefully supplied. AGE should be stated E	NDIN	RMANE	XACT
N. B.—WRITE PLAILY, WITH UNFADING INK—THIS IS mation should be carefully supplied. AGE should be st	OR B	S A PE	ated E
N. B.—WRITE PLAILY, WITH UNFADING INK—I mation should be carefully supplied. AGE should	ED F	THIS IS	I be st
N. B.—WRITE PLAINTY, WITH UNFADING mation should be carefully supplied. AGI	SERV	INK-7	S shoule
V.S. No. 1 N. B.—WRITE PLAINTY, WITH UNFA mation should be carefully supplied	IN RI	DING	I. AGI
V. S. No. 1 N. B.—WRITE PLAINTY, WITH mation should be carefully	MARG	UNFA	supplied
V.S. No. 1 N. B.—WRITE PLAILY, mation should be can		WITH	efully
V. S. No. 1 N. B.—WRITE PLA mation should		INT.Y.	be car
V. S. No. 1 N. B.—WRIT		E PLA	plnous
V.S. N.	5.1	-WRIT	mation
	V.S. N.	N.) B.	1

V. S. No. 1

1. PI	LACE OF DEATH		-CERTIFICATE OF DEATH 48	00
. 0	county Clare Cer	undel	Registration Dist. No.	
V	Village or City Cample	rorole		_Wa
	ength of residence in city or town whe		(If death occurred in a horpital or institution, give its NAME instead of street and mos	
	. 11.	re death occurred by s	os. 2. 4. IO	·
	ULL NAME ATIL	am Odwar	d Nollins OZX-	
(a) Residence: No.	ady Oaks. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
F	PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH ALL	,
me	ale White	OR DIVORCED (write the word)	(Month) (Day)	, 193
5a. If ma	rried, widowed, or divorced		(Month) (Day)	(Yeer)
	SBAND of Wayne	el. Colleys	1 HEREBY CERTIFY, Thet I ettended	deceased f
		J. P. 11 Ch 1880	,19.30, to 23	, 19.3.
7. AGE	OF BIRTH (month, day, and year) Years Menth	July 12 -4/880	1 last saw h. Lee elive on 743 19 6	; deeth Is
7. AGE	1-1-	1 dey,hr	to have occurred on the dete steted ebove, at	
19 to 34	7 Trade, profession, or particular	ormin.	were es follows:	Date of or
o I	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	State Enducer		
A 9.1	Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	7101.1	Lersteral Obolline	EL
3			7	25
0 10.	Date deceased last worked at this occupation (month end	11. Total time (yeers)		1
3200	year)	occupation	Other Contributory Causes of importance:	
	HPLACE (city or town)	any land	7 0 7	10
1	State or country)	8 (10 .	- Attoral ay etension	Im
	NAME Arram	E. Collins		
14. E	SIRTHPLACE (city or town)	Nelaware		
-	0100	11 8 10	What test confirmed diegnosis? Wes there en e	
I	MAIDEN NAME Ifa	una Rolling	23. If death wes due to external causes (VIOL ENCE) fill in elso the following	
O 16. E	STRTHPLACE (city or town) (State or country)	Delawine	Accident, suicide, or homicide? Date of Injury	, 19
	War	() (. e).	Where did injury occur? (Specify city or town, county and State	2)
17. INFO	RMANT (Synce Address)	1 Ocas Zus	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ict.
	AL, CREMATION, OR REMOVAL	md. Ou 21	Manner of Injury	
P	lace Princes this	1 Date May 26,193	Nature of injury	
10 1115-	Dieles !	un faile	24. Was disease or injury in eny way related to occupetion of deceased?	
19. UNDE	Address)	tolove ust.	If so, specifyA	4
00 511 ==	5045 31	Jan. 161	(Signed) Alway lurae	7
20. FILED	19 / 1	A V. W. W. L.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Date of onset		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	infor-	state	
1	leem of	plnods	0000
	RECOMD. Every	. PHYSICIANS	
R BINDING	A PERMANENT	ted EXACTLY	
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	
MARGIN	VITH UNFADIN	ully supplied. A	
	TE PLAINLY, W	should be caref	
	WR	mation	

V. S. No.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

	S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 480C	
1.	PLACE OF DEAT	ГН			942	
	County Anne 1				Registration Dist. No. 2I	
	Village or City	P.O.P	asadena,		NoSt.,W	ard
	Length of residance In cit	ty or town whare o	death occurred7	'3_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmos	ds.
2.	FULL NAME	Olive	r Jerome	Cook	If U. S. Veteran, specify WAR	
	(a) Residence: No	P.O.	Pasadens (Usualplace	a Md	St., Ward. If nonresident give city or town and State	
	PERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
wh.	ite 4. colo	r or race le		RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH May 28th (Month) (Day) (Yeer	
5a. If	marriad, widowad, or divo HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended dacassed	from
6. DA	TE OF BIRTH (month, day	(and vaar) F	ebruarv	6. I863	I last saw h alive on 19; death is	
7. AGI		Months	Days	If LESS than	to have occurred on the data stated above, atIpm.	
	73	3	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ratatad causes of Importance were es follows:	- 1
occup	SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, a O. Date deceased last wor this occupation (moryear) RTHPLACE (city or town). (State or country)	which SILK MILL, atc	- 36 11. Total ti	me (years) htln this lif	Othar Coutributory Causes of Importence:	
<u>د</u> ا	3. NAME Wi	lliam H	. Cook			
FATHER	4. BIRTHPLACE (city or to (Stata or country)	wn)	M	d. •	Name of operation Date of What test confirmad diegnosis? Was there en autopsy?	
<u>س</u> 1	5. MAIDEN NAME	Rebecca	Anne Ha	ncock	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:	
MOTHER	6. BIRTHPLACE (city or to (State or country)	wn)	11	d.	Accident, suicida, or homicide?	
17. IN	. Dittill	s. A. Casadena			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BI	Plece Mago	EMOVAL		e I , ₁₉ 36	Mannar of injury	
19. UI	NDERTAKER J (Address)	. F. De	Ralting	more, Md. Registrar.	24. Was disaasa or injury in any way related to occupation of deceasad? NO. If so, specify (Signad) (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE BUREAU YEAR			
Other contributory causes of importance:		Other contributory causes of importance:	Estell
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

should state of ACCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINTY,

TION is very important. See instructions on back of

rem of infor-

4807 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH,	82:0
County A	Registration Dist. No. 20
Village or City Bird Ville	No. St., Ward
Length of residence In city or town where death occurred 20 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME James William	Cullenter
(a) Residence: No. Bindrille	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW!	0,
OR DIVORCED (price the wo	rd) 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Maggie Cullinber	22. 1 HEREBY CERTIEY. That I attended deceased from 1936 to Mary 5 1936
6. DATE OF BIRTH (month, day, and year) ept. 11 The 1861.	I last say him alive on May 5 - 1,1936; death is seld
7. AGE Years Months Days If LESS to	· · · · · · · · · · · · · · · · · · ·
74 8 0 1 dey,	THE ENINCIPAL CAUSE OF DEATH AND TELEFOR CHISES OF IMPORTANCE
8. Trede, profession, or particula, kind of work done, es SPINNER,	(O) p of May
SAWYER, BDDKKEEPER, etc	erl Ora Vermon 2 Lage 5,336
work was done, as SILK MILL, SAW MILL, BANK, etc	al r Asso
11. Total tima (yeers) this occupation (month and 1), 36 year) 11. Total tima (yeers) spent in this 3 occupation	70 DAM,
Pia ICIL M	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	- Company of the second of the
13. NAME Brooklin Cullember	Just le and 10 de cerous years
13. NAME / Stock Con Coullember	Name of operation Date of
(State of country of years), I day due	What test confirmed diagnosis? Was there an autopsy? AND
15. MAIDEN NAME Jarah J. Lycker	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) white the Mrs.	Accident, suicide, or homicide? Dete of injury,19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT / Submille Uflewbr (Address) 7 d (water My)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	36 Manner of injury
Place My 7- 19	Natura of injury
19. UNDERTAKER 3. d. Hoppin SAI	24. Was disease or injury in any way elated to occupation of deceased?
(Address) David Jan Hille, M.	If so, specify
20. FILED 5 , 19 36 MILE P kg.	(Signed) Mer May Edge M. D.
() () kegistri	ar. (Address) Daniel Color & Color of the state of the st

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	xample I	İ	Example II	10
The principal cause of dea of importance were as follows:	th and telated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1111 = 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	001 0 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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item of inforshould state

PHYSICIANS

stated EXACTLY.

See instructions on back of certificate.

pe

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAN

V. S. No. 1

AGE should be

Exact statement

oecupa.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4808

9	17112 01	1717 111	1 11 11 11		
1. PLACE OF DEA				84) 10 3	1
County Anne	e Arunde]			Registration Dist. No.	
Village or City	Crownsvil	Lle Sta	te Hospi	† 8 No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in c	ity or town where dea	ath occurred		ds. How long In U.S. if of foreign birth?yrsmos.	
2. FULL NAME	Edna I	Day		If U. S. Veteran, specify WAR	
(a) Residence: No.	Montgo			ar stland Ward. If nonresident give city or town and S	
PERSONAL AN	ID STATISTIC	(Usual place		MEDICAL CERTIFICATE OF DEATH	late
			RRIED, WIDOWED.	21. DATE OF DEATH	
	lack	OR DIVORCE	D (write the word)	May 17th (Month) (Day)	193
5a. If married, widowed, or div -HUSBAND-of-	orced	.7		22. I HEREBY CERTIFY, That I attended de	eceased from
(or) WIFE of		nknown		Feb. 28th 19 35 May 17th	., 19 36
6. DATE OF BIRTH (month, de	ev. and year)	890		last saw h_Qr alive on May 17th	death is said
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 15P m.	
46	Unkno	wn	l day,hrs.	THE I KINCH AL CAUSE OF BEATH and released courses of importance	Date of onset
Trade, profession, or paid work done SAWYER, BOOKKE	particuler			Exhaustion due to manic de-	
		Unkna	WIL	pressive insanity	?
9. Industry or business i work was done, as SAW MILL, BANK,	SILK MILL.				
O. Date deceased last we this occupation (m	orked et	SD	time (years) ent in this cupation		
yeer)	35 3	-	cupation	Other Contributory Canses of Importence:	
12. BIRTHPLACE (city or town (State or country)					
13. NAME Un	known (Ar	thur D	ay)		
13. NAME UN 14. BIRTHPLACE (city or to the company)	town) Unk	nown		Name of operation Dete of	
(State of Country)				What test confirmed diagnosis? Was there an au	topsy?==
15. MAIDEN NAME	Unknown			23. If death was due to external causes (VIOLENCE) fill in also the following:	
	,	nknown		Accident, suicide, or homicide? Date of injury	, 19
(Stete or country))			Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT HOS. (Address)	pital Re Crownsy	-	Maryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR		Date 5	19 ,1936	Manner of Injury Nature of Injury	
19. UNDERTAKER	R.P. Wi	Meior	math made	24. Was disease or injury in any way related to occupation of deceased?	0
(Address) 20. FILED 19 3	40 E 9	C Joe	4	(Signed Trownsville Maryland	M. D.
		.6	T Registrar.	(Address) Urownsyllle, herylend	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis 936 1921 Run over by street car 1 we Cerebral hemorrhage July 5, 1927 Peritonitis 3 da	
Chronic interstitial nephritis 3 936 1921 Run over by street car 1 we Cerebral hemorrhage July 5, 1927 Peritonitis 3 da	of onset
Chronic interstitial nephritis 936 1921 Run over by street car 1 we Cerebral hemorrhage July 5, 1927 Peritonitis 3 da	eek ago
V. S. //	eek ago
Other contributory causes of importance:	ays ago
Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis 1	ycar

MARGIN RESERVED FOR BINDING VITH UNFADING INK—THIS IS A PERMANENT REC

1. PLACE OF DEATH OCC1 plnods County Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town How long in U.S. if of foreign birth? statement 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL classified. 5e. If married, widowed, or divorced HUSBAND of 22. That t attended deceased from (or) WIFE of 回 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Days If LESS than Months to have occurred on the date stated above, at 1 day hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular kind of work done, es SPINNER, Jo SAWYER, BODKKEEPER, etc. .. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may back plnods 10. Date deceased last worked at 11. Total time (years) spent in this on this occupation (month and that occupation __ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______Date of injury____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, of in PUBLIC PLACE 17. INFORMANT should (Address) OF OR REMOVAL Manner of injury CAUSE mation NOIL Nature of injury 24. Was disease or injury in any 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		L L	

CAUSE mation

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19. UNDERTAKE (Addrass)

20, FILED May

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DEATH	State
oday Day)	, 193 6. (Year)
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, 19 n.	; death is said
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	Date of enset
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gData of	
g	utopsy?
Data of	utopsy?
g Data of	utopsy?
Data of	utopsy?

(Month) I HEREBY CERTIFY. TI to have occurred on the data stated above, at The PRINCIPAL CAUSE OF DEATH and releted causes of Name of operation_____ What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in al Accident, suicide, or homicide?_____ Date of (Specify city or town, Specify whether injury occurred in INDUSTRY, In HOME, or Manner of injury Neture of injury 24. Was diseese or injury In any way ralated to occupation of dacaesad? so, specify (Address La Vegnera: Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Visite (State of the Control of the	

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAI

N. B.

PHYSICIANS MAY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

properly classified.

certificate.

TION is very important. See instructions on back of

should state

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	92.00
County Anne Arundel	Registration Dist. No. 21
Village or City Annapolis	No. 86 Prince George St., St., Ward
Length of residence in city or town where death occurred 71 vrs 1	O (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME LAURA VIRGINIA FRANT	1971
(a) Residence: No. 86 Prince Geo.	
(Usual place of abode)	St., L Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
1. SEX 4. COLOR OR RACE OR DIVORCED (write the warried) S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the warried)	WED, vord) May (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Wm. H. Frantum	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 20, 1864	
7. AGE Years Months Days If LESS	then to have occurred on the date stated above, at 430 m.
71 10 1 1 day,	nin. were se follows:
8. Trade, profession, or perticuler	Date of onset
kind of work done, as SPINNER, hou se wife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	browithy acontito Buration:
work was done, es SILK MILL, SAW MILL, BANK, etc	And two of three years
kind of work done, as SPINNER, hou se will fe SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) Occupation	Torma of tung Garage Heat IS
12. BIRTHPLACE (city or town) Annapolis,	Other Contributery Canses of importence:
(State or country) Maryland.	or Arteris veleroses 900
Henry Frazier	Certifical Thy betrusian "
13. NAME Henry Frazier 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) Wis TV 12110	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Nancy Hubbard 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Wm. H. Frantum	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 86 Pr. Geo. St. Annapolis. 18. BURIAL, CREMATION, OR REMOVAL	
Place Annapolis, Md. Dete May 27.	Manner of injury
Cedar Bluff Cemetery	Nature of injury
19. UNDERTAKER John M. Taylor, (Addiess) Annapolis, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5 2 6 19 36 Allers 6	(Signed) Stured Jureus M.D.
20. FILED D. S. 19.30 F. Grand Registr	(Address Uniof the und
If more blanks are needed, address State Re	egistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAIL V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR FURTH	ER STATEMENTS	BY	PIIYSICIAN
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of i	plu	1000	
icem	sho) jo	1
L BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IT RECO	Y. PH	Exact	
RMANEN	XACTI	classified.	
A PE	ed E	erly	ficate.
IS	stat	prol	certi
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ING	AG	th of	tion
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MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE	T MAR	TLAND-	CERTIFICATE OF DEATH	
1. PLACE OF D	EATH			97	
County	Anne Ar	undel		Registration Dist. No.	
Village or City	Crownsy	ille St	ate Hospi	tanp. St., death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residanca	in city or town where d	eath occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsmos	ds
2. FULL NAME (a) Residence: N		et Free	ryland	If U. S. Veteran, specify WAR OCOL St., 14 Rest Pleasant Street If nonresident give city or town and State	
PERSONAL	AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
	color or RACE black	OR DIVORCE	RIED, WIDOWED, D (write the word) Pried	21. DATE OF DEATH May 20th (Month) (Day)	3 6 (Yaar)
5a. If married, widowed, or HUSBAND of (or) WIFE of	divorced Unknow	m		22. I HEREBY CERTIFY, That I attended dace May 6th 1936, to May 20th	eased from
6. DATE OF BIRTH (mont	h, day, and year)	1852		I last saw h_GR_ aliva on Nay 20th, 1936_; de	eath is sale
7. AGE Years	Months Unkn	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	fone, as SPINNER, KKEEPER, etc	House	work		ata of onset
	e, as SILK MILL, NNK, atc				
10. Date deceased las this occupation year)	t worked at (month and	11. Total t	ime (years) nt in this upation		
12. BIRTHPLACE (city or t (State or country)	own) Maryla	and		Dither Contributory Causes of importance: Senility	
II 13. NAME Ed	. Brecken	ridge			
14. BIRTHPLACE (city (State or coun		nown		Nama of operation Date of Was there an auto	nsv?
15. MAIDEN NAME	Salina	Brown		23. If death was dua to axternal causas (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city (State or coun	,	nknown		Accident, suicide, or homicide? Date of Injury Whare did injury occur?	., 19
17. INFORMANT HO (Address)	spital Red		7] and	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION,	_	Date 5	123/36	Manner of injury	
19. UNDERTAKER (Addrass)	R.P.u) sute il	ne Papel	24. Was disease or injury in any way related to occupation of deceased?	0
20. FILED 3/23	13,196 27	719	Registrar.	(Steped) (Address Crownsville Maryland	М. г

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Example I	1	Example II		
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Arteriosclerosis 1995	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

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PHYSICIANS should state

Exact statement of OCCUPA-

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OCCUPATION

12.

MOTHER FATHER

17. 18.

19.

	STATE O	F MAR'	YLAND-	CERTIFICATE (OF DEATH	4813
. PLACE OF	DEATH			(157.E)	V	
County	u a	1-A	1		Registration Dist. No. 2	1
Village or City	Herolg	Har	has	No	St	.,Ward
Length of resider	nce in city or town where de	eeth occurrad	yrs5 mos	f death occurred in a hospital or institut	tion, give its NAME instead of street f foreIgn birth?yrs	
	0	LX	XI &		O'	
. FULL NAM	21	aus.	0.00	inner	*	
(a) Residence	No. Heroca	(Usual place	of abode)	St.,Ward.	If nonresident give city or tow	n and State
PERSONA	L AND STATISTIC	CAL PARTI	CULARS	MEDICAL CE	ERTIFICATE OF DEAT	тн
on.	. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED.	21. DATE OF DEATH	May 9TL (Month) (Day)	, 193 <u>(</u> (Year)
If married, widowed, HUSBAND of	, or divorced	0				
(or) WIFE of				22. hav 27 the	CERTIFY. That I atte	endad deceasad from
OATE OF BIRTH (mo	onth day and year) //	10/29	- 1935	I last saw h elive on	n	4. G.: deeth Is sald
GE Yaars	Months	Days	If LESS than	to have occurred on the data state	1 A P	
	5	12	I day,hrs.	The PRINCIPAL CAUSE OF DEAT wera as follows:	H and related causas of Importanca	1
9. Industry or bus work was do	k dona, es SPINNER, DOKKEEPER, etc			Juhnual hy	dro caphalu	Date of onset
IO. Dete daceased			me (yaars) t in this pation			Moulles
BIRTHPLACE (city o (State or country		apolis	m	Dthar Contributory Causes of Impo	ortance;	form to
I3. NAME	Robert &	2 80	enner	- Optical 1	The second	me germ
14. BIRTHPLACE (c (Stata or co		zack (Taley		Data	
15. MAIDEN NAME	Bernaid	him Bo	ellvilles	23. If daath wes due to axternal cause		
16. BIRTHPLACE (c) (Stete or co		yw.	va	Accidant, suicide, or homicide? Whare did Injury occur?	Oate of Injury	
INFORMANT	Februar a	Joen	mer	Specify whethar injury occurred in	(Specify city or town, county an INOUSTRY, In HOME, or In PUBLI	d State) IC PLACE.
BURIAL, CREMATION	N. OR REMOVAL	Date MA	H 1936	Manner of injury		
UNDERTAKER (Address)	Ill Samale	Hoff	ond.	24. Was disaese or injury In any wa	ay related to occupation of decaasad	d?
EU 50 1/) was	2 W	note	(Signad)	hou I wow	M. D.

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURRAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MAR	N. BWRITE PLA	mation should be carefully supplie	CAUSE OF DEATH in plain term
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
County We drule	Registration Dist. No.
Village or City Sexua Park	NO. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmosds
2. FULL NAME May Irebly	<u> </u>
(a) Residence: No. January Torre (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Tarried**	21. DATE OF DEATH (Month) (Day) (Yoar)
HUSBAND of (or) WIFE of W. Greble	22. I HEREBY CERTIFY, That I attended deceased from 29 1936 to may 6 1936
5. DATE OF BIRTH (month, day, and year) May 8, 1873	I fast saw h & C elive on may 1 0, 1936; death is sel
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pulmonay Tutercalous 1/1/3
	D
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spant in this occupation corupation corupation	
12. BIRTHPLACE (city or town) Madelson (State or country)	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosclessed Clause there an au'opsy?
15. MAIDEN NAME Zenkenonen	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Thatison (State or country)	Accident, suicide, or homicide? Date of injury, I9 Where did injury occur?
17. INFORMANT AND TO GREEN CARDON CANDON	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, Change H, OR REMOVAL	Manner of injury
Place Market Date , 19	Neture of injury
19, UNDERTAKER LEMY & SENKING Songle (Address) Mc Gulles & Orchard Sta	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED May 8, 1936 M. R. Scalle Registrar.	(Signed) 10 4 w. mallo of. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	1
The principal cause of death and related causes of importance were as follows: 5 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritical IREALIV. S.	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Day Bassol.
104 H. Madesaw St.

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. N

should Registration Dist. No. County Maryland Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth?_. Length of residence in city or town where death occurred mos.____ds. statement CMIf U.S. Veteran specify (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) PERMANENT (Month) (Day) (Yaar) classified 5a. If married, widowad, or divorcad HUSBAND of HEREBY CE 22. That I attanded deceased from (or) WiFE of EX certificate. 6. DATE OF BIRTH (month, day, and year) properly If LESS than 7. AGE Yaars Months Davs to have occurred on the date stated above. stated 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance May or min. Date of onset 8. Trade, profession, or particular PATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.... Jo back may 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, atc..... 00 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent In this AGE that occupation instructions 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER I3. NAME See Name of operation ... 14. BIRTHPLACE (city or town) in plain (Stata or country) carefully What test confirmed diagnosis?. MOTHER important. 15. MAIDEN NAME 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: anna Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) OF DEATH (State or country) maryland Where did injury occur?_ should be (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18, BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury 32 CAUSE mation Nature of Injury LION 24. Was disaasa or injury in any way related to occupation of dacaasad? 19. UNDERTAKER (Addrass) If so, specify B (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

all I	PLACE OF DEATH	TITRUN CORNE
	County Of O	Registration Dist. No.
	Village or City Annapolus	No. St., V (If death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs.	mosds. How long In U.S. if of foreign birth?yrsmos
2	FULL NAME Scharles O. &	soen-
-		₹ - St. Ward.
	(a) Residence: No. 21 (Plus Institute of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word	
5a.	If married, widowed, or divorced	(Month) (Day) (Yea
	HUSBAND of (or) WIFE of	22. MA I HEREBY CERTIFY That I attended deceased
	6/ / 0 100 /	19 b, to 10 0 10 19
-	DATE OF BIRTH (month, day, and year) Orely, 3/936	1 last saw h Arcon elive on Man 2 7 , 19 1 ; death l
7. A	1.44	
	3 O 1 aay,min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	To the state of th
Š	SAWYER, BOOKKEEPER, etc	Drocht - Murmon Alps
UP	work was done, as SILK MILL, SAW MILL, BANK, etc	70.0
OCCU	10. Date deceased last worked at this occupation (month and spant in this	the Franche Incurrently suns the primary
	year) occupation	Other Coutributory Causes of Importance:
12.	BIRTHPLACE (city or town) I seldmen Hosp	Other Courbatory Causes of Importance.
	(State or country) Washington do	e MN
ER	13. NAME James A. Sheen	
FATHER	14. BIRTHPLACE (city or town)	Name of operation. Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?_
HER	15. MAIDEN NAME Anna Poynlet	23. If death was due to external causes (VIOLENCE) fill In elso the following:
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19_
~	(State or country)	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT TYMA (former	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAL	
10.	Place Brewer Hill Date may 5 19	Manner of injury
	01000	Nature of injury
19.	UNDERTAKER 1-13. Johnsyn	24. Was disease or injury in any way related to occupation of deceased?
	(Address)	If so, specify (Single South
20.	FILED 5 5 19 36 & Munity of	(Signed) 24 Jack of Country of M
	Registra	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1115 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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F	e c	AT	npo
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every nem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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B

V. S. No. 1

1. PLACE OF D		-3		(3) 20	
	Anne Arund			Registration Dist. No. 21	
Village or City	Annapol	is	(If	No. Emergency Hospital St., death occurred in a hospital or institution, give its NAME instead of street as ds How long In U.S. If of foralgn birth?	2 Ward
2. FULL NAME (a) Residence:	ANNA GU	TEKUNS	n B. Md.	St., Ward. If nonresident give city or town a	
PERSONAL	AND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
female	color or RACE white	5. SINGLE, MAI OR DIVORCI Marri	RRIED, WIDOWED, ED (write the word) Led	21. DATE OF DEATH May 17 (Month) (Day)	193 6 (Year)
	lam Guteku		2047	22. I HEREBY CERTIFY, That I attend	led deceased from, 19.36
7. AGE Years	th, day, and year) Ju Months	1y 26. Days 21	1867 If LESS than 1 day,hrs.	to have occurred on the date stated above, a 5: 25 pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	; death is said
9. Industry or busin	or particular done, as SPINNER, KKEEPER, etc. h		l ormin.	Regeral hemontage, due to afferiorelenno Agretension C. V disease	Oate of onset 5 1 3 1 3 1
Timo occupacio	st worked et n (month and	11. Total	tima (years) ent in this cupation		
12. BIRTHPLACE (city or (State or country)	town)Roman	ia		Other Coatributery Causes of importance:	
13. NAME Fran	nk Myer				
13. NAME Fra.	y or town)Rom	ania		Name of operation Date o What tast confirmed diagnosis? Was there	2
15. MAIDEN NAME	Elizabet	h Reit	er	23. If death was due to external causes (VIOLENCE) fill in also the follow	wing:
15. MAIDEN NAME 16. BIRTHPLACE (city (State or cou		nia		Accident, suicide, or homicide? Date of injury Where did Injury occur?	
17. INFORMANT Ada! (Address) W	n Gutekuns est Annapo	t lis. Mo	i.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	
18. BURIAL, CREMATION,			10 36	Manner of injury	

Mu. Date May 19, 1900 s Cemetery Taylor, St. Mary Annapolis

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Nature of injury.

If so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA. AY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING B.—WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

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STATE OF M	IARYLAND-	CERTIFICATE (OF DEA	TH ADA	0
1. PLACE OF DEATH		(159)	V	481	8
County & Lu	1s		Registration D	ist. No.	
Village or City Lanna	polio	No. /6 C	lay	st.,	Ward
Length of residence in city or town where death occur	rredmos	death occurred in a horpital or institutionds. How long in U.S. If of	on, give its NAME foreign birth?	instead of street and	nosds.
2. FULL NAME Boly	Hall.	SOUTH PROPERTY.			
(a) Residence: No. 76	Var.	St., Ward.	RATE LIMITE		
	ual place of ebode)			ve city or town au	d State
PERSONAL AND STATISTICAL F		MEDICAL CE	RTIFICATE	OF DEATH	
// I	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH	<u>~</u>	28%	, 193 6.
5a If married, wildowed, or divorced	, correct		(Month)	(Day)	(Year)
HUSBANO of (or) WIFE of		May 27	CERTIFY	That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	28-1936	I last saw h alive on	may 289	1956	: death is said
7. AGE Years Months	ays If LESS than	to have occurred on the date stated	above, at \ 6:3	lo sin	
	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	I and related causes	of Importance	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	,				- Cate di diset
4 9. Industry or business in which	·····	' Nom abundy			
work was done, as SILK MILL, SAW MILL, BANK, etc		************************			
- I this seed petion (month and	. Total time (years) spent In this				-
year)	occupation	Other Coatributory Causes of import	tance:		
12. BIRTHPLACE (city or town) (State or country)	yours				
110	100.				
E prunipu,	10	Non.	· · · · · · · · · · · · · · · · · · ·	•••••••	-
4. BIRTHPLACE (city or town) (State or country)	Pi Co.	Name of operation		Date of	MAS
15. MAIDEN NAME Rahasel	Brance	23. If death was due to external cause		Was there an	
15. MAIDEN NAME Rahael 16. BIRTHPLACE (city or town)	+ Rially	Accident, suicide, or homicide?			
(State or country)	Co	Where did injury occur?			
17. INFORMANT Pulling a CAddress) when I Pos	Hall:	Specify whether injury occurred in	(Specify city or to INOUSTRY, In HOM	ewn, county and Sta E, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	. Cu . Ca . Ca .	Manner of injury			
Place Burn Hell Caroffe	May 29,1936	Nature of injury			************
19. UNOERTAKER OKCY COLO	other	24. Was disease or injury in any way	related to occupati	on of deceased?	no
(Address) annaga	18 mg	If so, specify	1		
20, FILED. 7. 29, 1936	Wind W	(Signed) 13 W	Martell C	mostil.	Fred .M. D.
If more blanks are	needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requ	sesting V. S. No. z.		

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- 137
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BUKEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS

stated EXACTLY.

AGE should be

of certificate.

pe

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

mation should be carefully supplied.

V. S. No. 1 N. B.—V Exact statement of OCCUPA-

		STATE	OF	MAR	YLAND-	CERTIFICATE	OF DEAT	TH 481	0
1.	PLACE OF					(130)	10	301	31
	County A	nne Arun	del				Registration Di	st. No.	V/
	Village or Cit	y Grown	svil	le Sta	te Hospi	talno.		St.,	Ward
	Length of resid	ence In city or town v	vhere deat	h occurred	(If	death occurred in a hospital or institu	ution, give its NAME i of foreign birth?	nstead of street and	number)
2.	FULL NAN	ne Dav	id H	arris		If U. S. Veteran,	specify WAR		
,	(a) Residence	e: No. Bal Eager 31		re, Ma (Usualplace		St., Ward.	() If nonresident gi	o o l	d State
	PERSON	AL AND STAT	ISTIC	AL PARTI	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SI	male	4. COLOR OR RAC	E 5.	OR DIVORCE	RIED, WIOOWED, O (write the word) Gle	21. DATE OF DEATH	13th	(Oay)	, 193 6
5a. 1	f married, widowe HUSBANO of (or) WIFE of	d, or divorced				22. I HEREBY	YCERTIFY	. That I attended	
6 D	ATE OF BIRTH (month, day, and year)		1910		l lest saw h 1 m alive on M)_; death is said
7. A		s Mont	hs	Oays	If LESS than 1 day,hrs.	to have occurred on the date stat The PRINCIPAL CAUSE OF DEA			
N.	Trede, profess kind of we SAWYER.	slon, or particular ork done, es SPINNE BOOKKEEPER, etc	know R,	Unkno	wn	were as follows: Septicemia			10 das
DEAT	9. Industry or b	usiness in which done, as SILK MILL, BANK, etc.			-				
500	TO. Oate decease this occup			spei	me (years) It in this				
12. 1	BIRTHPLACE (city (State or coun	y or town)try)	Nort	h Garo	lina	Other Contributory Causes of imp Chronic neph		******************	2 mos
2	13. NAME	Gran	t Ha	rris					
FATHER	14. BIRTHPLACE (State or		U	nknown		Name of operationWhat test confirmed diegnosis?		Oate of	
ER	15. MAIOEN NAN	ME Sar	ebr (Unknow	m)	23. If death was due to external ca			
MOTHER	16, BIRTHPLACE (State or	(city or town)				Accident, suicide, or homicide? Where did injury occur?	D	ete of injury	, 19
17. 1	NFORMANT	Hospit Crowns				Specify whether injury occurred	(Specify city or to in INDUSTRY, in HOM	own, county and Sta E, or in PUBLIC P	ate) LACE.
18. [on or REMOVAL	umly		181136	Manner of injury			
19.	UNDERTAKER (Address)	y gravel	Be	yem		24. Was disease or injury In any	way related to occupat	on of deceased?	0
20, 1	FILED 3/14	,136	27	fr in	Top Donitor	Signetta Crown	nsville	Many	43 M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 436	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		F MARY	LAND-	CERTIFICATE OF DEATH	4800
1. PLACE OF DE				83 10	4,
CountyAnne				Registration Dist. No.	
Village or City	Crownsv	ille Sta	te Hospi	t 8 no. death occurred in a hospital or institution, give its NAME instead of	St., Wa
Length of residence in	city or town where	death occurred	yrs,_3mos	20_ds. How long in U.S. if of foreign birth?yrs.	mos
2. FULL NAME	Charle	s Hassel	1	If U. S. Veteran, specify WAR.	
(a) Residence: No.	4 9 1 1		yland	St., Ward.	18
PERSONAL A		St (Usual place of		MEDICAL CERTIFICATE OF D	
3. SEX 4. CO	Lor or race	5. SINGLE. MARR	1ED, WIDOWED, (write the word)	21. DATE OF DEATH May 7th (Month) (Day	, 193_6. (Year)
5a. If married, widowed, or d HUSBAND of OF WIFE Of		Hassell		22. I HEREBY CERTIFY, That January 17 18 25 to May	l attended deceased fr 7th 1930
6. DATE OF BIRTH (month,	day, and year)	1886		last saw h in alive on May 7th	, 19_36; death is s
7. AGE Years 50	Months Unkno	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at and The PRINCIPAL CAUSE OF DEATH and related causes of impowere as follows:	Date of one
8. Trade, profession, or kind of work don SAWYER, BOOKK	particular ie, as SPINNER,	Cook		General paralysis of the	
9. Industry or business	in which			sane	
SAW MILL, BANI 10. Date deceased last v this occupation (r year)	worked at month and	11. Total tir spen occuj	ne (years) t in this ——— pation		
12. BIRTHPLACE (city or tow (State or country)	n)N	orth Car	olina	Other Contributory Causes of Importance:	?
™ 13. NAME	David H	assell			
13. NAME 14. BIRTHPLACE (city or (State or country		North Ca	rolina	Name of operation What test confirmed diagnosis? Wa	Date ofas there an autopsy?
15. MAIDEN NAME		a Hassel		23. If death was due to external causes (VIOL ENCE) fill in also t	he following:
15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)	(UWII)	rth Caro	lina	Accident, suicide, or homicide? Date of in, Where did injury occur?	-
	spital Rownsvill	ecords e. Maryl	and	(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
18. BURIAL, CREMATION, OF		Date 5/9/	/36,19	Manner of injury	
19. UNDERTAKER PLO (Address) / 30		Kilst	W. Balterio	24. Was disease or injury it any way lelated to occupation of d	cersed?
20. FILED May &	., 19.3.6	2 -1.12	L Registrar.	(Signed) Crownsville, Me:	rylend)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i i	Example II	77
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
and its	-		
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

PHYSICIANS

stated EXACTLY.

AGE should be

mation should be carefully supplied.

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

Exact statement

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH				93-0	20		
County Anne	Arundel		W	THIR CORPORATE LIMITS	Registration Dist.	No. 21	
Village or City Ann	apolis		(lf	ND. Emergency death occurred in a hospital or institu	Hospital	St	Ward
Length of residence in city or	town where deatl	h occurred	yrsmos	ds. How long in U.S. if o	of foreign birth?	_yrsmos	ds.
2. FULL NAME JOA	N AMEL	IA HERZ	20G # 6)If-U.S. Veteran spe	cify WAR		
(a) Residence: No. 6	Murphy	St., I	Eastport	, N.C. Ward.	0	2 7 =	,
DEDCOMAL AND C	TATIOTIO	(Usual place o		MEDICAL C	If nonresident give	city or town and State	
PERSONAL AND S			IED, WIDOWED,	21. DATE OF DEATH	ERTIFICATE OF	DEATH	
female whit		or Divorced	(write the word)	21. DATE OF DEATH	May (Month)		60 (Year)
5a. If married, widowed, or divorced HUSBAND of				22. I HEREB	CERTIFY.	That 1 attended decer	end from
(or) WIFE of				94M. 5-15-	19 36 to 4 P		
6. DATE OF BIRTH (month, day, and	vear) Mare	ch 16.	1936	I last saw h_Pis alive on	may 15	,1986; dea	th Is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date state	ed above, et 4	_m,	
	1	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH end related causes of		e of onset
8. Trade, profession, or perticu kind of work done, as ST SAWYER, BOOKKEEPER, 9. Industry or business in whit work was done, as STLK	h MILL.	none		acute Myor	ordet;		- 10731
SAW MILL, BANK, etc 10. Date deceased last worked this occupation (month at year)	et		ne (years) t in this pation	This chold had been solly a restal the phe Other Contributory Causes of Imp	1	healthan soft	art
12. BIRTHPLACE (city or town) (State or country)		polis. Maryla		Differ Contributory Causes of himp	ortance words bego	Cu B	
13. NAME Robert H	erzog						
14. BIRTHPLACE (city or town)		astpor		Name of operation		Date of	7/-
(State or country)		Maryla		What test confirmed diagnosis?		_ Was there an autops	sy? [190_
15. MAIDEN NAME Mad	eline		rt	23. If death was due to external ca			
15. MAIDEN NAME Mad 16. BIRTHPLACE (city or town) (State or country)	Balt	imore Maryla	and.	Accident, suicide, or homicide? Where did injury occur?			19
17. INFORMANT Mrs. RG (Address) 6 Murph			ort, Md.	Specify whether injury occurred i	n INDUSTRY, in HOME,	or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMO Place Annapolis		Date May	16, 19 36	Manner of injury			
19. UNDERTAKER John M. (Address) Annapol				24. Was disease or injury in eny v	way related to occupation	of deceased?	
20. FILED 5 16, 19 J	36	MM	Registrar.	(Signed) (Address) (Address)	upole	SnX	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	Example I	ļ	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	JUN 5 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	auses of importance:		Other contributory causes of importance:	1-2-1
Gallstones		May 1,1923	Gastroenteritis	1 year
		1 1		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1 B

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-IS A PERMANENT RECORD. be properly classified. See instructions on back of certificate. -WRITE PLAINTY, WITH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	L. PLACE OF DEA	TH C	I MAIX	ILAND	CERTIFICATE OF BEATTI 48	22
	CountyAr	ne Arun	del		Registration Dist. No. 21	
	Village or City			ate Hospi	+ 01	Ward
	, , , , , , , , , , , , , , , , , , , ,			(If	death occurred in a hospital or institution, give its NAME instead of street and nur	mber)
1	Length of residence in	city or town where d	leath occurred	yrsmos	.14 ds. How long In U. S. if of foreign birth?yrsmos.	ds.
2	2. FULL NAME	Matti	e Hill		If U. S. Veteran, specify WAR	
	(a) Residence: No.	Balti 428 Pa	more, Ma	ryland of abode)	St., Ward. If nonresident give city or town and St	ate
	PERSONAL AT	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		or or race .ack		RIED, WIDOWED. D (write the word) Cied	21. DATE OF DEATH May 6th (Month) (Day)	193 6 (Year)
5a.	If married, widowed, or div HUSBAND of— (or) WIFE of	Unkn			22. 1 HEREBY CERTIFY, That I attended de April 22nd ,1936 to May 6th	ceased from
_	DATE OF BIRTH (month, d		1899	1	last saw h_er_allve on_Nsy_6th,19_36;	death is said
7.	AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at	
_	37	Unkno	wn	ormin.	were as follows:	Date of onset
NO	8. Trade, profession, or kind of work done SAWYER, BOOKKE	, as SPINNER,	Housev	vork	Pulmonary tuberculosis	7
OCCUPATION	9. Industry or business work was done, as SAW MILL, BANK	in which SILK MILL, , etc				
000	10. Date deceased last w this occupation (m year)	onth and	- sper	me (years) nt in this — — — upation		
12.	. BIRTHPLACE (city or town (State or country)				Other Coutributory Causes of Importance: Manic depressive insanity	?
ER	13. NAME	Dennis	Walker			
FATHER	14. BIRTHPLACE (city or (State or country)	town)Vir	ginia		Name of operation Date of What test confirmed diagnosis? Was there an aul	onev?
ER	15. MAIDEN NAME	Addie '	Wilson		23. If death was due to external causes (VIOL ENCE) fill in also the following:	opsyr
MOTHER	16. BIRTHPLACE (city or (State or country)	town)	Virgi	ni-e	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17		Hospital Prownsvi			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	E.
18	BURIAL, CREMATION, OR	REMOVAL Coary	Date 5/9	, 19 5	Manner of injury	
19	O, UNDERTAKER (Address)	er Cl	Man	elile till	24. Was disease or injury In/any way related to occupation of deceased?	9
20	, FILED S	1906 9	7. for	Registrar.	(Signed) Srow Sville Were 1	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date Frenset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4823
1. PLACE OF DEATH	
County Anne Arundl	Registration Dist. No.
Village or City Patagores Farly (IF	No. Ward deathy occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whara death occurredyrs,mos	/
2. FULL NAME COSSAT 18015	WUS. Veteran, specify WAR
(a) Residence: Np. / Delle South / (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. J. HEREBY CERTIFY, That, I attended deceased from
6. DATE OF BIRTH (month, day, and year) 9/Nag/936	Liast saw harmalive and 10 Mars 19 3 Origants is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 100 Am.
O O I l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Data of one of Data of Data of One of Data of Data of One of Data
9. Industry or business in which work was dona, as SILK MILL,	trolonged Lahor
SAW MILL, BANK, etc. 1D. Data deceased last worked at this occupation (month and year) SAW MILL, BANK, etc. 11. Tolel time (years) spent in this occupation	Prestred fiels after here
12. BIRTHPLACE (city or town) A Selle not Polage Parts (State or country on Arrey del Common of the selection of the selectio	Other Contributory Causes of Importance:
13. NAME See 18 00 00 18 Hungs 14. BIRTHPLACE (city or town) Amo Asundul 6 (State or country) Many Many Many Many Many Many Many Many	Nama of operation
	What test confirmed diagnosis? Was thera an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Asoline Social (Address) And Klein Rath a	(Specify city or town, county and State) Specify whathar injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceDate, 19	Nature of injury
19. UNDERTAKER Ser Glovinos. Po. M.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10/Why, 19 6 Callbrill Doods () Registary	(Signed) All NUL 100 8 M. D. M. D. (Address) Am M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Suger Ballinger Reversing S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JJN 2 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4824
1. PLACE OF DEATH County Ome arundel Village or City Elvaton Station	No. Registration Dist. No. 2/ No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos 2. FULL NAME (a) Residence: No. County (Soad (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wije tha word) Sensele Colored Sensele	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year place . 3%) 1896 7. AGE Years Months Deys If LESS than 1 day,	22. HEREBY CERTIFY, That I ettended decessed from 2-12 , 1936, to 5-4 , 1936; death is sald to have occurred on the data stated ebove, at 3.40 m.
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	The PRINCIPAL CAUSE OF DEATH end, related ceuses of Importence were as follows: Date of onset 3-/5-36
12. BIRTHPLACE (city or town) Carleigh Heights (State or country) ma 13. NAME John Thomas Halland	Other Coutributory Causes of Importance: Little 3-15-36.
13. NAME John J Longe Halland 14. BIRTHPLACE (city or town) - Fahrert Co. (Stata or country)	Neme of operation Deta of What test confirmed diegnosis? None Wes there an eutopsy? No
15. MAIDEN NAME Annie addison 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Annie Hollard (Address) Floraton State ma	23. If death wes due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place John Noche, Md. Date May 12, 1936 19. UNDERTAKER No. Katu R. Williams (Address) 327 y Schweden St.	Manner of injury Nature of injury 24. Wes diseesa or injury In any way related to occupetion of deceased? If so, specify A
20, FILED 1936 AN R. BULL. Registrar.	(Signed) Alerry Blankurnie ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis IRECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year •

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M	of
	very frem of in
	Every
•	RECORD.
MARGIN RESERVED FOR BINDING	PERMANENT
OR	A
F	51 S
ESERVED	INK-THIS
TARGIN RI	UNFADING
A	WITH
.1	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Ever

1. PLACE O	F DEATH			CERTIFICATE OF DEATH 4	
				Registration Dist. No. 2.7	
Village or	City Fort Georg	ge Ga Men	de, IId.	No. Station Hospital St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of res	idence in city or town where	death occurred	O yrs. 9 mos	ds. How long In U.S. if of foreign birth?yrs	mosds.
2. FULL NA	ME Raymon	nd Hull	· · · · · · · · · · · · · · · · · · ·	If U. S. Veteran, specify WAR	
(a) Reside	nce: No. Ft. Geo.	G. Meade (Usual place	Nd a of abode)	St., Ward. If nonresident give city or town an	nd State
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Jay 6 (Month) (Oay)	
5a. If married, wido HUSBANO of (or) WIFE of	wad, or divorced			22. I HEREBY CERTIFY, That I attended	d deceased from
C DATE OF BIRTH	(manufic damage of the control of th	- L 00	7030	April 21 ,1936 ,to May 6	
	(month, day, end yeer) Sears Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11:45pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	z.; death is said
	9 7	1 10	ormin.	were as follows:	Oate of onset
kind of SAWYE	ession, or particutar work done, as SPINNER, t, BOOKKEEPER, atc	Soldier		Pneumonia, lobar, upper and lower lobes, left, and lower and	4/20/
i 9. Industry or	business in which	J.S. ARMY		upper lobes, right.	
this occi	sed last worked at upation (month and	11. Total spa	time (years) ant in this upation 9/12		
f2. BIRTHPLACE (c		raok, Penn	.e. •	Other Contributory Causes of importance: Pericarditis, acute.	
13. NAME	Robert H. Hu	11			
4 14. BIRTHPLAC	E (city or town) Jacl	ksontown,		Neme of operation Date of.	
- (Otata o			ma.	What tast confirmed diagnosis?Autopsy Was there an	
I	E (city or town)Right		ship.	23. If daeth was due to axternal causes (VIOLENCE) fill in also the following Accident, suicide, or homicida?	
∑ (Stete o	r country)	Penn		Where did injury occur?	
17. INFORMANT (Address)	Robert H. Nindridge.	Hull Pa• RD #	2	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	
The second secon	TION, OR REMOVAL ington Cemeter	cy oete Ma	y 9 , 19 36	Manner of Injury	
19. UNOERTAKER (Address)	Robert Brooks Baltimore, Mo			24. Was disaase or injury In any wey related to occupation of daceased?	No
	8, 19. 36 %	& T/Can	AM, Col., M.C Registrar.		11.C. M. O.

Registrar. (Addrass) Fort George G.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Case reported to the Bureau of the Census.

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Chronic interstitial nephratis FCFIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 11 1936			
Other contributory causes of importance; S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

stated EXACTLY. PHYSICIANS

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

B.

TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEAT	гн				<i>(</i>)
CountyAnn				Registration Dist. No. 2/	
Village or City	Crowns	ville 3	tate Hos	death occurred in a hospital or institution, give its NAME instead of street and it	Ward
Length of rasidanca in cit	ty or town where	death occurrad	(If yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and it	number) osds.
2. FULL NAME	Vi et	oria Hu		If U. S. Veteran, specify WAR	1
		*			J
				7 1 231 A Ward. O O (If nonresident give city or town and	State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
	R OR RACE LEICK	OR DIVORCE	RIED, WIDOWED, D (write tha word) Pried	21. DATE OF DEATH May 6th (Day)	, 193 6 (Year)
5a. If married, widowed, or divo HUSBAND of (or) WIFE ot		nown		22. I HEREBY CERTIFY, That I attended May 2nd 19 36 to May 6th	deceased from
6. DATE OF BIRTH (month, dey	(end vaer)	1866			2: death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stetad above, et 7:15P.M.	
70	Unk	nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
Trada, protassion, or pa kind of work done, SAWYER, BOOKKEE	rticular es SPINNER,	n	omestic	Exhaustion due to Manie de-	Date of onset
SAWYER, BOOKKEE 9. Industry or business in	PER, atc			pressive insanity	7
9. Industry or businass in work was dona, as S SAW MILL, BANK, e					
10. Date deceased last wor this occupation (more year)	nth and -	spe	ima (yaers) nt in this upation		-
12. BIRTHPLACE (city or town).	Mary	land		Other Contributory Causes of Importance:	
(State or country)					
13. NAME	William	H. Joh	nston		-
13. NAME 14. BIRTHPLACE (city or to	wn)158	r.jland		Name of oparation	
(Stata or country)				What test confirmed diagnosis? Was there an a	autopsy?
() also (len Hop	kins	23. If death was due to external causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or to	wn)	argrand		Accidant, suicida, or homicide? Date of injury Where did injury occur?	, 19
Hospital Records				(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e)
17. INFORMANT Crownsville, Maryland			land		
18. BURIAL, CREMATION, OR REMOVAL Place At. 6 alvery Date May 11, 1936				Manner of injury	
19. UNDERTAKER Mrs. (Address)	Surge 631 De	26.76 med 26	olla f	24. Was disaase or injury in thy way related to occupation of deceased?	0
20. FILED 3/2 36	19 87	Jares	Registrar.	(Signad) Crownsville, Maryla	nd M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Victoria Husen
Baltim ...City
Admitted May 2nd, 19.26
Died May 3th, 19.26

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

supplied.

mation should be carefully

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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may

See instruction

TION is very important.

19. UNDERTAKER

20. FILED.

(Address)

ertificate

Exact statement of OCCUPA-

em of infor-

	ST	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 4897
1	. PLACE OF DEAT	Н	,		9360
	County Ann	ne Arund	iel		Registration Dist. No. 21
	Village or City	Edgewate	er		No. A. A. CO St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city	y or town where de	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
12	. FULL NAME JO	OHN FRAN	VK JARO	SIK	
	(a) Residence: No I				St., Ward. If nonresident give city or town and State
	PERSONAL ANI	STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	male whit	OR RACE		RRIED, WIDOWED, ED (write the word) ed.	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Jaresik			Jarasik		1 HEREBY CERTIFY That I attended deceased from Transmes Lakeurs Class 19
6. DATE OF BIRTH (month, day, and yeer) Feb. 14, 1857 7. AGE Years Months Deys If LESS than				1857	I lest sew h; death is said to have occurred on the date stated above, at 12 Pm.
	79	3	1	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER etired musician SAWYER, BOOKKEEPER, etc. Tetired musician 9. Industry or business In which					acute Deleter J Thort 5-15
OCCUP	SAW MILL, BANK, et 10. Date deceesed last work this occupation (mon year)	ed at th end	spa spa	time (years) ent in this upetion	Trom history , mente attack , and of
12.	BIRTHPLACE (city or town)_	Dwa			Other Contributory Causes of Importance:
	(State or country)		Bohemia		unknown
HER	13. NAME	unknov			Presnous health had been rong good
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) UNKNOWN (State or country)					Name of operation
IER	15. MAIDEN NAME	unl	known		23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME unknown 16. BIRTHPLACE (city or town) unknown (State or country)					Accident, suicide, or homicide?
	(Address) Edge	Adolph water.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR RE		Date May	17, 19 36	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Taylor s. Md.

Annapoli

Neture of injury.

If so, specify

(Signed)

24. Wes disease or injury in any

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Example	İ	Example II	
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Arteriosclerosis Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphrit	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	,
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every certificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. B

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
EATH		(92)		10

1. PLACE OF DEAT	ГН			97	10	4.8	158
County An	ne Arun	del			Registration D	ist. No.	1
Village or CityC	rownsyj	lle Sta	te Hospi	ta 1No.		St	Ward
Length of rasidence In ci-	ty or town whare o	taath occurred	(lí mosmos	death occurred in a hospital or institution. 9 ds. How long in U.S. if of	ition, give its NAME of foreign birth?	instead of street and	number)
2. FULL NAME		Jason	1-11-1	If U. S. Veteran,		,	
(a) Residence: No			Howard of abode)	County, Wateryla	and	13X =	d State
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX Male 4. COLOR OR RACE Dlack 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (spring the word) Single				21. DATE OF DEATH	and (Month)	(Day)	, 193_6
5a. If married, widowad, or divo HUSBANO of (or) WIFE of	ingle				CERTIFY	', That I attanded	daceased from
6. DATE OF BIRTH (month, day	and year) 1	864		I last saw h im aliva on I		, 19. 3	
7. AGE Yaars 72	Months Unkn	Oays	If LESS than 1 day,hrs.	than to have occurred on the date stated above, at 12:45A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8. Trade, profassion, or pa kind of work done, SAWYER, BOOKKEE	orticular as SPINNER, PER, etc	Labor		General arter	loscleros	is	Oate of onset
9. Industry or businass in work was dona, as S SAW MILL, BANK, e	which SILK MILL, atc				***************************************		-
10. Data dacaasad last wor this occupation (more year)	ked at nth and ——	spa	ima (years) nt in this —— upation				
12. BIRTHPLACE (city or town). (State or country)	Mar	yland		Other Coutributory Causes of Imposes nility	ortança:		
≝ 13. NAME L8:	rk Jaso	n					
H 13. NAME L8: 14. BIRTHPLACE (city or to (State or country)	wn) Ma	ryland		Name of operation What test confirmed diagnosis?		Oate of	autopsy?
15. MAIDEN NAME	Rebec	ca Wood	ward	23. If death was due to axternal car			
16. BIRTHPLACE (city or to	wn)ILE_	ryland		Accident, suicide, or homicide?			
17. INFORMANT HOS	pital Re rownsvi		r/land	Whara did injury occur?	(Specify city or to n INOUSTRY, in HON	own, county and Sta IE, or in PUBLIC PI	te) LACE.
18. BURIAL, CREMATION, OR R	EMOVAL e Cessa		7/36,19	Manner of injury			
19. UNOERTAKER (Addrass)	RP, W	inter od	nd July	24. Was disease or injury in any w	ay related to occupat	ion of daceased?	
20. FILEO 5/5/36	19 2	F. 2	Registrar.	(Signad) Crown	is∀ille,	Maryland	M. D.
	If more	blanks are needed.	address State Registrar,	2411 N. Charles Street, Baltimore, Re			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis 1004.	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago		
	8				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		A CIA			

Exact statement of OCCUPA-

FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	certificate.	
1	HIS	be	be	Jo	
MANGIN RESERVED FOR BINDING	N. B.—WRITE PLAIM, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may	TION is very important. See instructions on back of certificate.	
1 .01 .01	N. B	(7)	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(m2) X 4043
County & A County	Registration Dist. No. 22
Village or City Near Odector UN	NoSt.,Ward
Length of residence in city or town where death occurredyrs,	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign hirth?yrsmos ds.
2 FILL NAME Frederick Voluson	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 9 1956 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1936 to May 9 1936
6. DATE OF BIRTH (month, day, and year) Spully 31, 1936	Hast say hamalive on TRA (44 9 193 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _//O/ Am.
9 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Phenomea Dats of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK atc.	Gronchial
SAW MILL, BANK, etc	The bronche-pneumonia was primary.
this occupation (month and spent in this occupation occupation	Cws of
12. BIRTHPLACE (city or town) New Odenton Md. (State or country)	Other Contributory Causes of Importance:
1 MIT A	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME GOZA Wallace	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 602 Wallace 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Older John South ma	Specify whether injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Lora Control Date 19 190 C	Nature of Injury
19. UNDERTAKER (Addiess) Odenton	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED May 9, 1996 M. J. Jones	(Signed) June 10 / mil M. D. (Address) Gless aule 11/2
0.79-9	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: V E D	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitud nephrttis' R 1002	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	\mathbf{BY}	PHYSICIAN
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TION is very important. See instructions on back of certificate.

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N. B.-WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4830
1. PLACE OF DEATH	94-2
County a. a60.	Registration Dist. Np. 2/
Village or City Millusville	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Kate Kerly	
(a) Residence: No. Millwills 10.0.	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fin ale 4. COLOR OR RACE 5. Strolle, MARRIED, WIDOWED, OR DWARCED (perice tha word)	21. DATE OF DEATH (Month) (Bay) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Philip H. Kerby	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h Me alive on man 19 1936 dath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, 2-4-05-12-m.
about 70 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
9. Industry or business in which	Coronary Mimbosis may 3
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Data daceased last worked at this occupation (month and spart in this occupation occupation	
12. BERTHPLACE (city or town). Louisville Kente	Other Contributory Causes of Importance:
(State or country)	404
13. NAME Ihom as. Perkners	
14. BIRTHPLACE (city or town) 6 x 1 love d.	Nama of operation Data of
(State of Country)	What test confirmed diagnosis? Chineal, Was there an au'opsy? no.
15. MAIDEN NAME Ponine 6. Stokes	23. If death was dua to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Pomine 6. Stokes 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Le AP L	Whera did injury occur?
17. INFORMANT Throng CA. C. Maring (Address) Millian II. O. O. C.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL 87 MICH	Manner of injury
Place 10 fra ca so 191. Data /27 ,1999	Nature of Injury
19. UNDERTAKER . The Malenely (Address) BE E Hope	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 5-19, 19 36 2. a. Brest Registrar.	(Signed) MMM J. Kluwen M. D. (Address) 3.1 Sport N. G. 14 J. 14 J. 14 J. 15 J. 16 J
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	BECEIVED	1915	Attack of epilepsy	1 week ago	
Chronie interstitial ne	phritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	min 5 19 1	July 5,1927	Peritonitis	3 days ago	
	BUREAU T. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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Am of inforshould state

of OCCUPA.

1. PLACE OF DI		F MARYLAND-	CERTIFICATE OF DEATH	2) 1
		3 0 7	920	3
	nne Arun	rnie va	Registration Dist. No. A	
C CONTRACTOR OF THE		(1	f death occurred in a hospital or institution, give its NAME instead of street and	d number)
\			sds. How long in U.S.If of foreign birth?yrs	mosds.
2. FULL NAME				
(a) Residence: N	o. Glen Bi	(Usual place of abode)	St., Ward.	10.
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Id State
	OLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mohth) (Day)	, 193_3.6
5e. If married, widowed, or HUSBAND of	divorced		(17)	(Year)
	njamin A		22. 1 HEREBY CERTIFY, That I attende	19 J G
6. DATE OF BIRTH (month	1	ec 26, 1864	I lest saw h_ alive on 210 1936	; death Is said
7. AGE Years	Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importence	
8. Trede, profession, o	n particular	0rmin.	were as follows:	Data of onsat
kind of work do SAWYER, BOOK	one, as SPINNER, KEEPER, etc.	wn business	Chronic Valrulas Denare	- laur
9. Industry or busines	ss in which	Storekeeper	of The Heart -	
10. Data deceased last this occupation year)	(month end 7 0 7 0	11. Total tima (years) spant in this 45yr s		
12. BIRTHPLACE (city or to (State or country)	wn)	altimore, Maryland	Other Contributory Causes of Importance: Alexan Salarens	2 years
13. NAME J	ohn Volk			
13. NAME J 14. BIRTHPLACE (city of (State or country)		Sermany Germany	Name of operation Dete of What test confirmed diegnosis?	
15. MAIDEN NAME		Bowers	What test confirmed diegnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city of (State or county))		Unknown Germany	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANTAL Sa. (Address)		Mewshaw n Burnie. Md.	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	nte) LACE.
18. BURIAL, CREMATION, O	R REMOVAL	Data May 23, ,19 36	Manner of Injury	
19. UNDERTAKER(Address)/	Thomas W	. Singleton Glen Burnie, Md.	24. Was diseasa or injury in any way related to occupation of deceased?	no
20. FILED 5/22	,1936	M. R. Seally	(Signed) Sam S. Bellingslia (Address) Den Burns.)	M. D.
	7.0			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	TIL	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UN 2 1930	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.		4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

PHYSICIANS

stated EXACTLY.

AGE should be

properly classified. Exact statement

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4832
County Clinic arundel, Crowns in	No. Registration Dist. No. Y
- (II	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds. If U.S. Veteran, specify WAR
(a) Residence: No. Buttinfore 2012 1428 Me #Vdery 5 Would place of abode)	- St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21. DATE OF DEATH 21. DATE OF DEATH 21. 1936
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1935, to May 32, 1936
6. DATE OF BIRTH (month, day, and year) ** Turkrown - 892 7. AGE	to have occurred on the date stated above, at 44.4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House William SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Ceseral Himon trage
12. BIRTHPLACE (city or town) Baltinion (State or country) Land Birthplace (city or town) Baltinion State or country)	Other Contributory Causes of Importance: Thus al Article Classes Hereifelegia
13. NAME Charles Formula Uld 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIOEN NAME Pose plaine Volunte 16. BIRTHPLACE (chr) or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Hospital Richal (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Course Company Date From 1936	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury
19. UNDERTAKER Albert Ost (Address) / 6 30 Marshipson Carlo 20. FILED 13/6 24 June 13/6 24 June 14 Registrar.	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual per Mritis	1921	Run over by street car	1 week ago
Cerebral hemorphage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 17		

or- orte		STATE C	OF MARYLAND—	CERTIFICATE OF	DEATH 48	9-7
sta UP	1. PLACE O	F DEATH		131)	50 3) i)
of all of	County	MATA	0 1	A R	egistration Dist. No.	
should f OCC	Village or (City H H.	com ly) & one	2 No. 110	St.,	Ward
- 0 /	Length of res	idence in city or town where		death occurred in a hospital or institution, g		
tD. Every YSICIANS statement		7.1.00	- / Xazii		D	1001
ten ICI	2. FULL NA	1	am out	10 - 74	X	
	(a) Resider	ice: No.	(Usual place of abode)	Money / Money	f nonresident give city or town and	d State
RECO. PH Exact	PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERT	IFICATE OF DEATH	
RE. Exa	3. SEX 7/22	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	6 1/6	,
LY.	111	1.	OR DIVORCED (watte the word)	- May	inth) (Oay)	, 193 (Year)
X A C T	5a. If married, widow HUSBAND of	ved, or divorced	1	a luspenda	ERTIFY, That I attembed	
A C assi	(or) WIFE of	Ama	le.	1 /2 /2 10 770 3	6 to May 6	1936
	6 DATE OF BIRTH	(month, day, and year)	1871- Inless	I last saw helin alive on me	my 5'x/ 1936	; death is said
2 2		ars Months	Days If LESS than	to have occurred on the date stated about	14 P. m	
IS A I stated properl ertifica	6:	5	1 day, hrs.	Tha PRINCIPAL CAUSE OF DEATH and wera as follows:	related causes of importance	Date of onset
P.Ph	z 8. Trade, profe	ession, or particular	61	Murie	morthan	Date of onset
he pe pe of		work done, as SPINNER, BOOKKEEPER, etc.	tan 1	In at wili-		Mikren
VK—T should it may n back	9. Industry or work wa	business in which is done, as SILK MILL, LL, BANK, etc	, ale			Muser.
sho it n	10. Data deceas	sed last worked at	11, Total tipy (years)	· · · · · · · · · · · · · · · · · · ·		m
_ G +	O this occurrence year)	pation (month and	spart in this occupation			are
AC AC so th ction	12. BIRTHPLACE (c	ity or town)	2.7	Other Contributory Causes of Importance		TOTX 2
	(State or cou		mie			20
ff UNFA y supplied ain terms, See instri	13. NAME	hope	b			
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WITJ efully in pla	15. MAIDEN NA	IME DOT	R	23. If death was due to external causes (V	IOL ENCE) fill in also the following	ng:
-	16. BIRTHPLAC		- carro	Accidant, suicide, or homicida?	Data of injury	, 19
Alter,	- (Stata o	r country)	11	Where did injury occur?(S	pecify city or town, county and Sta	ate)
Id DI DI	17. INFORMANT	10.00.3	Syere Mal	Specify whether injury occurred in INO	JSTRY, In HOME, or In PUBLIC PI	LACE.
E PLA should OF D	(Address), 18. BURIAL, CREMA	TION, OR REMOVAL	h TK -	Manner of injury		******
ITE n s SE SE	Place	Co. Home	Dalley 8 136	Nature of injury		C.
WRITE nation scause		A it	COF /	24. Was disease or injury in any way fel	and to occupation of deceased?	do
TESE	19. UNDERTAKER (Address)	(Broods	wille mo,	If so, specify A	14	1
B	20. FILED nac	8 13h K	Junio Id. It	(Signed) Mostin	- Hayr	M. D.
7]	20. FILED	-0-1, 1×	Registrar.	(Address) Davi	Son villa,	de
		If more	blanks are necded, address State Registrar,	2411 N. Charles Street, Baltimore, Requestis	ig U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

. E	xample I	grand and the state of the stat	Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	RECEIVE	7915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	11 pm (3) end 1 a m	1924	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 10 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	S.		
Other contributory causes	of impostances		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

item of infor-

MARGIN RESERVED FOR BINDING	N. BWRITE PLALATY, WITH UNFADING INK-THIS IS A PERMANEN'	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
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	20. FILED May 4, 1936 W.R. Clayton	(Signad)

15 more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		N'A O VIII	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis Gastroenteritis	1 year
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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

ST	ATE O	F MAR'	YLAND-	-CERTIFICATE OF DEATH 48	335
E OF DEATI	H				
Um	e a	under		Registration Dist, No.	
or City Wel	ence 1	tegleure	4	No. Edwards Cleanel St.	Ward
of residence In city.	as town where de	eath occurred.			
		1	la M	ichold	
7	Selone	a Nen	lewren	7	,
sidelice. Nog		(Usual place	of abode)	If nonresident give city or town and	State
		CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
le we	rite .	OR DIVORCET	(write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 6 (Year)
widowed, or divorce	ed ac	21.20	ileols	22. I HEREBY CERTIFY, That I attended	deceased from
IRTH (month, day, a	and year)	ept 3	1846	I last saw has alive on man & ,1936	; death is said
7. AGE Years Months Days If LESS than				to have occurred on the date stated above, at 145 P.m.	
8 / 8 / J ormin.				The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
id of work done, as	SPINNER,	touse !	work	Che myorardition	
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.				the Passur tingesting	may 3/
10. Date deceased last worked at this occupation (month and spant in this					1
/		annel	0/0.	Other Coutributory Causes of importance:	
CE (city or town) or country)	on a			Starth	-
Elie	Ju	caby	-		
PLACE (city or tow	1) Cere	ne Ore	endello.	Name of operation	-
tate or country)		Aud		What test confirmed diagnosis? Umel Was there and	autopsy?
N NAME TO	phu	Jur	ney	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
	n) Chris	66 Cerus	udil 6.	Accident, suicide, or homicide? Oate of Injury	, 19
tate or country)	9/0	71	1	(Specify city or town, county and Stat	te)
ss) P.7	5. Cen	heapol	i sud.	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PL	ACE.
Sasc	om 24	d. Ma	42/ 1936	Manner of injury	
(ER John	- 24.	Jay	low	24. Was disease or injury in any way related to occupation of deceased?	hs.
SS) (/ C		424	MAIN.	If so, specify	
	or City Newson of residence in city NAME Sidence: No. 1 SONAL AND 4. COLOR Widowed, or divorce of of of of of of of of of of of of of	or City Neferice or City Neferice or City Neferice or City Neferice or City Neferice or city Neferice or city Neferice or city Neferice or country or country or country or NAME PLACE (city or town) or country or NAME PLACE (city or town) or country or NAME PLACE (city or town) or country or NAME PLACE (city or town) or country or	or City Negence Meglewer of residence In city of town where death occurred. It NAME Concerns Meglewer sidence: No. Seferme Meglewer sidence: No. Seferme Meglewer Sonal and Statistical Particle 4. Color or race Widowed, or divorced of of Seace W. Mark Welse Months Oays Profession, or particular of of work done, as SPINNER, Worker Wyer, BOOKKEPPER, etc. Ty or business in Which fix was done, as SIL KMILL, WMILL, BANK, etc. Leceased last worked at soccupation (month and ar) OCE (city or town) CE (city or town) PLACE (city or town) AND SEMATION, OR REMOVAL Oate PLACE (city or town) The Condition of the Control SS) PLACE (city or town) Oate CERMATION, OR REMOVAL Oate	or City Neferical Hydrogram of residence in city of town where death occurred. Hyrs. I mo NAME Concerns Connected Sidence: No. Deferical Negaciones (Usual place of abode) SONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE OR DIVORCED Courtie the word) Widowed, as divorced of Saace W. Neckory of Work done, as SPINNER, WYER, BOOKKEEPER, etc. Ty or business in which raws done, as SIL MILL, WMILL, BANK, etc. leceased last worked at so occupation (month and ar) CE (city or town) CE	To City Nagentle Magharay Or City Nagentle Magharay Or City Nagentle Magharay Or City Nagentle Magharay Of residence In city a town where death occurred Nagy, 15 2 mos. NAME Or City Nagentle Magharay Or Country) Or Country) Or City Nagentle Magharay Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) Or City Or town) Or Country) r Country Or Coun

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	Hill
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis JUN 3 1550	1915	Attack of epilepsy	1 week ago
Combal homometrical membrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(If death occurred in a hospital or institu-

tion, give ite NAME in -

number.)

Stateyrsmos.

DATE OF BURIAL

PLACE OF DEATH
County Orms areads!

920

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 0

2F	ULL NAME B	unclette	Parker
PERS	ONAL AND STATIS	TICAL PARTIC	ULARS
Male.	4 COLOR OR RAC	MARRIED, WIDOWED. OR DIVORCE (Write the wo	Widowa !
6 DATE OF B	IRTH		
	Gel (Sion		, 1852 (Year
7 AGE	83 yrs. 7	mos.	fLESS than day hrs.

(Month) (Day) (Year)

(Month) (Day) (Year)

(Month) (Day) (Year)

(Month) (Day) (Year)

(Year)

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(Day)

(Day) (Year)

(Day)

(Day) (Year)

(Day)

(Day)

(Day) (Year)

(Day)

(Day) (Year)

(Day)

8 LENGTH OF RESIDENCE (For Lospitals, Institutions, Trans-

St.: Ward)

MEDICAL CERTIFICATE OF DEATH

(State or country)

10 NAME OF FATHER

Pant Paskerses.

11 BIRTHPLACE

OF FATHER

(State or country)

New York.

12 MAIDEN NAME Carolin Coleman.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) U. Parkerson

General nature of industry

business, or establishment in

whiteh employed cr (employer)

9 BIRTHPLACE

FNT

R

4

Address) Alex Burner. no

ileMay 11 1926 M. R. Deallo Dep Registrati

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ac. 1.

ients or Recent Residents

Where was disease contracted,

if not at place of death?

usual res.dence

7. S. No. 1

EVery CIA J

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., William, Laborer, Laborertired 6 yrs). For persons who have no occupationor given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from should be used only when needed. As examples: cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fiveman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e g., Farmer or Planter, whatever. write None. business, that fact may be indicated thus; Farmer Housemuid, etc. If the occupation has been change gaged in domestic service for wages, as Servant, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Statement of Occupation Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Or At Home, and children, not gainfully emwithout more precise specification as Day arm laborar, Laborer—Coal mine, etc. Wom-(b) Automobile factory. The material (a) the kind of work and also (b) the

spinal meningitis"); Diphtheria avoid use of "Tour fever (the only definite synonym is "L'pidemic cerebro-Typhoid feser (never report "yphoid Pneumonia"; ed term for the same dise.sc. E amples: Cerebraspinal to time and causation), using always the same accept EASE CAUSING DEATH the primary affection with respect Statement of Cause of Death-Name, first, the DI pnoumonia. Branchopneumonia ". Pneumonia,"

permanently filed.

essential and must be obtained before the certificate is

1936

as fracture of skull, and consequences (e.g., selvis, felanus) may be stated under the head of "contributory" Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease answered in detail, it will prevent further correspondence. carbolic acid-probably suicide. The nuture of thein jury, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meusles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature acaident; Revolver wound of head-homicide; Poison od by or as probably such, if impossible to determine deficitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICITAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Examples: Accidental drowning; Struck by railway train-Whooping "If this certificate is looked over thoroughly and all que tions (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease;

state OCCUPA plnods Jo E jo PHYSICIANS statement orD. Exact REC PERMANENT CTL classified. K EX certificate. properly stated SI THIS be jo may back should on that instructions UNFADING 80 supplied. plain terms. See carefully important. in DEATH be very plnous OF CAUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. 2. FULL NAME If U.S. Yeteran specify WAR. (a) Residence: No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (ac ower (Day) (Month) (Year) 5e. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE ot 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It LESS than to have occurred on the date stated above. 1 day,___hrs The PRINCIPAL CAUSE OF DEATH and related causes of importence or ___min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc .. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc., 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupetion _____ N 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis? Was there an autopsy?__. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT ma (Address) 18. BURIAL, CREMATION, OR, REMOVAL Manner of injury Emil Nature of injury 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Redistrar.

(Address)

Trem.

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Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
3,4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

9-

V. S. No. 1	0.1	I		MARGIN RESERVED FOR BIND	RES	ERVE	Q	FOR	BIND
N. B.	-WRITE 1	PLA	r, with	UNFADI	NG I	NK-T.	HIS	IS A F	ERMA
	mation should be carefully supplied. AGE should be stated EXA	ould be c	arefully	supplied.	AGE	pluods	pe	stated	EXV
	CAUSE OF DEATH in plain terms, so that it may be properly class	F DEAT	H in plai	n terms, so	that	it may	pe	properl	y class
1	TION is very important. See instructions on back of certificate.	ery impo	rtant. S	ee instruct	ions o	n back	of o	ertifica	te.

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE LIMITS OF 4039
County a.a.	Registration Dist No.
Village or City annapoles on	ND. Free Grant Hoofels St., Ward (If death occurred in a horgest or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	_mosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Ared Pettil	one
(a) Residence: No West	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the work	
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of CHARLESON	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sefet 13-187	6 I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS th	L
59 9 29 ormin.	were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, Loar pentur SAWYER, BDOKKEPER, etc	Levere Conludeons
SAWYER, BDOKKEEPER, etc.	and do acerelious
S ladustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	of rare
U 10. Date deceased last worked at Many 11. Total time (years)	The hardson A day
this occupation (month and 19/36 spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Pa.	Other Contributory Causes of Importance:
(State or couptry)	
13. NAME Jachua. Pettelone	
13. NAME Joshu Ce. Pellebone 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
I MAIDEN NAME Ester Barres	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, swieide, or homicide? Dete of injury 24 9411, 1936
S (State or country)	Where did injury occur? West Stannapoles and
17. INFORMANT Lubbs & Hasher	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Nanticoke, ph	
18. BURIAL, CREMATION, OR REMOVAL Place Vanticofee pa Date (May 13, 19.	Manner of injury Struct by an Ulutomobile. Nature of injury see above
19. UNDERTAKER & L. Hoffing	24. Was disease or injury in any way related to georgetion of degeased?
(Address) amapolis m)	Hisa specify Joseph MClemshourg &
20. FILED 5 /- 2 , 19 36 JM mf 19.	(Address) annapoles Md
If more blanks are needed address Seeta Pari	there are N. Charles Street Relainage Property 71 S. N.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

over

should state of OCCUPA-

Exact statement

m of infor

D. Every

STATE OF	MARYL	AND-	-CERTIFICATE	OF	DEATH	4838
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1. PLACE OF DEATH			90		
County Anne Arunden	County		Registration Dist. No.		
Village or City Crownsvi	lle Sta	te Hospi	ta No. St., Ward		
1 1 1 1 1 1 1 1		0 '	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foralgn birth?		
Length of residence in city or town where de					
			If U. S. Veteran, specify WAR		
(a) Residence: No. Balt	Usual place	Mar /land of abode)	St., Ward. O O O O O O O O O O O O O O O O O O O		
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX A. COLOR OR RACE black		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH May 18th (Month) (Day) (Year)		
5a. If marriad, widowed, or divorced HUSBAND of Bestrice	Pinkney		22. I HEREBY CERTIFY, That I attended deceased from March 17th 19 36 to May 18th 19 36		
6. DATE OF BIRTH (month, day, and year)	.862		I last saw him alive on May 18th 1936; death is said		
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, a 2: 25P		
74? Unkno	n	ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows: Date of onsat		
8. Trade, profession, or particular kind of work done, as SPINNER,	T 1 -		Cerebral arteriosclerosis ?		
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Labo	rer			
9. Industry or business in which work was done, as SfLK MILL, SAW MILL, BANK, etc		-			
O To. Date daceased last worked at	I1. Total ti	ima (yaars)			
this occupation (month and year)		pation	Othar Coutributary Causes of Importance:		
12. BIRTHPLACE (city or town)	yland		Senility		
(Stata or country)					
13. NAME London Pink	ney				
14. BIRTHPLACE (city or town) Mor	rland		Name of operation Date of		
(Stata or country)			What tast confirmed diagnosis?		
15. MAIDEN NAME GRECEIE 16. BIRTHPLACE (city or town) ILET I	Johnso	n	23. If death was due to external causes (VIOLENCE) fill in also the following:		
5 16. BIRTHPLACE (city or town)	and		Accident, suicide, or homicide? Date of Injury, 19		
(State of County)			Where did injury occur? (Specify city or town county and State)		
17. INFORMANT Hospital F		Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
	En o		Manner of injury		
Place me Calvary	Data Ma	421 1936	Nature of injury		
main!	Beaun	Son 1	24. Was disease or injury in any way related to occupation of degeased?		
19. UNDERTAKER (Address) 10 84 Thoriz	و کاسیا	Sh	If so, specify		
20. FILED /20 - 36, 19 E.7.	Jonal	P. Registrar.	(Signad) M.D. (Addrass) TOWnsville, Maryland		
	10	, Registrar.	(10000)		

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	tt	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BORGAS 1. O.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIO	DNAL	SPACE	FOR	FURT	THER	STAT	EMENTS	BY	PHYSICIAN	
PORTOR	und	on I	TMK	MEY	Morr	23	7936			

Exact statement of OCCUPA-

STATE	OF	MARYLAND-	CERTIFICA	TE OF	DEATH	4841
			(2)			

1. PLACE OF DEATH	2 0
County Anne Arundel WITHIN CORPOR	Registration Dist. No. 21
Village or City Annapolis No. Emer	rgency Hospital St., 2 Ward
(If death occurred in a ho Length of residence in city or town where death occurredyrsmosds. How lo	epital or institution, give its NAME instead of street and number) ng In U.S. if of foreign birth? vrs. mos. ds.
2. FULL NAME Baby Reckner	
	62+:-
(a) Residence: No. St., W	ard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS ME	DICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 21. DATE OF	May 6 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. H	EREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May-6, -1936 I last saw h	aliva on Stell Barn, 19 ; death is said
	the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK atc.	Born
Q. Date deceased last worked at this occupation (month and year) - Ulliplic to corrupation (month and year) - Clip the spent in this occupation - Clip the spent in the s	olie Mouster
12. BIRTHPLACE (city or town) Annapolis, (State or country) Maryland.	Canses of Importance:
13. NAME Eugene D. Reckner,	
	Data of
(State of country) Permisy I Variate What test confirmed	diagnosis? Was there an au'opsy? Lev
	to external causes (VIOL ENCE) fill in also tha following: r homicide?
17. INFORMANT Mr. Eugene D. Reckner Specify whether Injury (Address) 201 Burnside Ave. Eastport, Md.	ury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Character Med. Date May 7 , 19.36 Nature of Injury Nature of Injury	
19. UNDERTAKER JOHN M. Taylor, 24. Was disease or in (Address) Annapolis, Md. 24. Was disease or in (Address) Annapolis, Md. 25.	njury in any way related to occupation of deceased?
20. FILED 5 7 , 19 36 All Marks: (Signed) (Address (Address)	Long Chylin M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Construct the second of the se	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonițis .	3 days ago
BUREAU V. S.			95
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	1 10 3
The of the self and from many Paris	13.

V. S. No. 1

ż

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

ten of infor-

STATE	OF	MADVI	AND-	CEDTIE	CATE	OF	DEAT	ru484:
SIAIE	UF	MARIL	ANU-	CERIII	ICAIE	. Ur	DEAL	TOW.

1. PLACE OF DEA	THIS	I MIAIN	ILAND	CERTITICATE (S2)	OF DEATH 10	4.1
County Anne	Arundel	County		(3)	Registration Dist. No.	21
Village or City_Gr	ownsvil	le Stat	e Hospita	death occurred in a hospital or institudes. How long in U.S. if o		
2. FULL NAME		t Reed		lf U. S. Veteran,		
(a) Residence: No.	Hill St	(Usual place			If nonresident give city or to	
PERSONAL AN					ERTIFICATE OF DEA	тн
	e or race	OR DIVORCE	RIED, WIDOWED, D (wate the word) ng le	21. DATE OF DEATH	14th (Month) (Day)	, 193_6 (Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of				22. I HEREBY April 30th	CERTIFY. That I at	tended deceesed from
6. DATE OF BIRTH (month, da	v. and vear)	1900			lay 14th ,	
7. AGE Years 36	Months Unkn	Days OW11	If LESS than I day,hrs. ormin.	to heve occurred on the date state The PRINCIPAL CAUSE OF DEA' were es follows:	ed above, et 7: 20 A mM • TH and releted causes of importence	Date of onset
8. Trade, profession, or p kind of work done SAWYER, BOOKKE Work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (me	n which SILK MILL, etc	Farmer			lysis of the	
this occupation (moyear) 12. BIRTHPLACE (city or town)	onth end	occ	ime (years) nt in this ———— upation	Other Contributory Causes of imp	ortance;	?
(State or country)	t Reed					******
14. BIRTHPLACE (city or t (Stete or country)	own)Q	hio			Da Was th	
15. MAIDEN NAME	lcy (Unk	nown)		23. If death was due to external ca	uses (VIOL ENCE) fill in also tha f	ollowing:
15. MAIDEN NAME 16. BIRTHPLACE (city or t	own)U	nknown			(Specify city or town, county on INDUSTRY, in HOME, or in PUB	
(Address)	ital Re Crownsy		aryland	Specify whether injury occurred i	n INDUSTRY, in HOME, or in PUB	LIC PLACE.
18. BURIAL, CREMATION, OR	REMOVAL F, Cerrela	Date	718 ,36	Manner of Injury		
19. UNDERTAKER (Address)	leva	leftur	F.	24. Was disease or injury in any v	vay releted to occupation of decease	/a7
20. FILED_\\\	19.3 (4	2-190	Registrar.		vnsville, Mery	lend-

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To be complete, an occupation return must state:

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(;	Example II				
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
1915	Attack of epilepsy	1 week ago			
1921	Run over by street car	1 week ago			
July 5,1927	Peritonitis	3 days ago			
	Other contributory causes of importance:				
May 1,1923	Gastroenteritis	1 year			
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:			

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH 484	2
County a a		Registration Dist. No. 2	
Village or City Assistance In city or town where		Now 2 St., it death occurred in a holpital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth? yrs.	
	a and III Pa	Luck	.mosds.
(a) Residence: No./2 Per	cary w	THE STIMIT STAROSHOD MINTING	
(a) residence. No.	(Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATIST	CICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 3 (Month) (Day)	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	a Roebeck	22. af I HEREBY CERTIFY, That I attend	ed deceased from
6. DATE OF BIRTH (month, day, and year)	1095-1855	I last saw h Ly alive on May 3 5 19 3	Greath Is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at. 6 -m.	
80 11	2 8 1 dey,hrs. ormln.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Voul -		
9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc		Mula	74.5
1D. Date deceesed last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		***
0-01		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Succession (State or country)		Contination of the	-0 N. 4.
13. NAME august	Chevallenberg	Co. Arteria Coloro	Via
14. BIRTHPLACE (city or town)	P	Name of operation Date of	
(State of country)	many 1	What test confirmed diagnosis? Was there a	
15. MAIDEN NAME leculie	int Brown	23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	many	Where did injury occur? (Specify city or town, county and S	tate)
(Address) 58 Santh bee	Toledak on	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mary	Date May 6 - 136	Manner of injury	
19. UNDERTAKER BY 19. 14. 14.	opping	24. Was disease or injury in any way related to occupation of ecceased? If so, specify	
20. FILED 5 6 19 36	& Mund)	(Signed) / Llury / wrus	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Perilonitis	3 days ago
		7		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				107=11

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>4843</u>
County Anarendal Co.	Registration Dist, No. 23
Village or City Putapose Park	NoSt.,Ward deals, occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Man Ida Ross	
(a) Residence: No. 4. Phabeth Ret Patoposo po	NKSt., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 - 26 - ,193.6
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Stephen H. Lon	22. I HEREBY CERTIFY. Thet I attended deceased from
00 10 10CF	1927,1041944
6. DATE OF BIRTH (month, day, end yaar) Combined 2 185 6 7. AGE Yaars Months Days If LESS than	I last saw han alive on man 25 , 1936; deeth is seld
1 day,hrs.	to have occurred on the date stated above, R /a_ 40L_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
SAWYER BOOKKEEPER etc. House work	and one of the general only year
9. Industry or business in which work was done, as SILK MILL, Own Home SAW MILL, BANK, atc. 11. Total time (years)	Duy 1933
11. Totel time (years) this occupation (month and 5 was 5 spent in this occupation (month and 5 was 5 spent i	
12. BIRTHPLACE (city or town) Northundeland (3. 72. (State or country)	Other Contributory Causes of importance:
13. NAME Clemnel Blaywell	
13. NAME (Somuel Blaywill 14. BIRTHPLACE (city or town) Northunbuland w. Ya (State or country)	Name of operation.
	What test confirmed diagnosis? physical After West Worken autopsy?
T	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) nort thumberland 6. Va	Accident, suicida, or homicide?
17. INFORMANT Mabel Ross	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	
Place W. Furn lem Date 5/2. 1. 1936	Manner of Injury
19. UNDERTAKER PRANCOS (24. Was disaase or injury in any way related to occupation of daceased?
20. FILED May 21, 1936 Ida M. Whitin	(Signad) Frank Haundly M. D.
Registrar.	(Address) L. J. J. J. J. McCles ST

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis JUN 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUFFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 1020	Other contributory causes of importance: Gastroenteritis	
Gallstones	May 1,1923	Gastroentertus	1 year

STATE C	F MARYLAND-	CERTIFICATE OF DEATH		
1. PLACE OF DEATH		82-a	.4	
County Come Circ	mdel	Registration Dist. No.		
Village or City Lake J	hore	No. Metantam II St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward	
Length of residence in city or town where c	2	ds. How long In U.S. if of foraign birth?yrsmo		
2. FULL NAME William	n John Kutt	s x	2-	
(a) Residence: No. Morrow	William Rd (Usual place of abode)	St., Ward. (asa den a) (1) If nonresident give city or town and	State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male 4. COLOR OR RACE	5. SINGLE, MARRIED WIOOWED, OR DIVORCED (write the word)	21. DATE OF BEATH (Month) 30 (Day)	193 6 (Yaar)	
5a. If married, widowed, or divorced HUSBANO of Richal	Puths	22. I HEREBY CERTIFY, That I attended of	deceased from	
6. DATE OF BIRTH (month, day, and year)	dril 12 1859	Hast saw h walive on Hay 29/193-	death Is said	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated ebove, at 3.50 P.m.	,	
75 /	8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	0	
8 Trade, profession, or particuler kind of work dona, as SPINNER.	t' 1	artisismeero	Oate of ontet	
9. Tridustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Printer			
10. Date deceasad lest worked at this occupation (month and year)	11. Total tima (years) spent in this occupation			
12. BIRTHPLACE (city or town)	mann	Other Contributory Causes of Importence:	June	
(State or country)				
13. NAME William	W Knths			
14. BIRTHPLACE (city or town)	termany	Neme of operation Dete of	1	
(Stete of country)		What test confirmed diagnosis? Was there an a	utopsy?	
15. MAIOEN NAME Margare	et Eurich	23. If death was due to external causes (VIOLENCE) fill in also tha following		
16. BIRTHPLACE (city or town)	smany	Accident, suicide, or homicide? Date of injury	, 19	
∑ (State or country)		Where did injury occur?		
17. INFORMANT 12 KICK a (Address) Mountain	Ruths d.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	1 2 2	Manner of injury		
Place Ballismul Class	ca Oate / 11/2 2 , 1936	Neture of injury		
19. UNOERTAKER Softmit 2 (Addiess) 71.5 Li	Emmy	24. Was disease or injury in eny way related to occupetion of daceased?	~~	
20. FILED V = 30,19 36	Z. a. Breet Registrar.	(Signed) Q: 4. Solution (Address) Oasalleus	M. D.	
If more		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	S	TATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	845
1. Pi	ACE OF DEA	TH	1	20	194a) 70 ml	OFO
C	ounty An	ne 4	truind	el-	Registration Dist. No.	
V	illage or City	ann	apole	P	No. Comeration that St, death occurred in a hospital ordinationion, good its NAME instead of street and it	W
\ .	ength of residence in c	ity or town where	death occurred	/ vrs 9 mos	death occurred in a hospital or institution, give its NAME instead of street and i	
		e	· ·			
	JLL NAME	eor g	L. Da	mazira	TO STIMIT STAROPHOR HITTE	
(3	n) Residence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
F	ERSONAL AN	D STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLO	OR OR RACE		RIEO, WIOOWED,) (write the word)	21. DATE OF DEATH	,
	m	W	San	1/0	(Month) (Oey)	, 193 (Year)
5a. If ma HUS	rried, widowed, or divi	orced			22. I HEREBY CERTIFY. That i attended	
(01)	WIFE of	Dales	7		22. I HEREBY CERTIFY, That I stended	
6 OATE	OF BIRTH (month, de	v and vaar)	aus. 5	1934	liast sew has elive on Man 18" 1936	death is
7. AGE	Years	Months	Deys	if LESS than	to heve occurred on the dete stated above, at 235. m.	,
	1	9	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. 1	rede, profession, or p	erticular	1	101	aliness of Luna	Date of or
9.1	rede, profession, or p kind of work done SAWYER, BOOKKE	es SPINNER, EPER, etc	nan	2	Ž Ž	17
Y 9. 1	ndustry or business in work wes done, es SAW MILL, BANK,	n which SILK MILL,				
3	SAW MILL, BANK, Date deceased lest wo		11. Totel ti	me (veers)		
0	this occupation (mo	nth and	span	tin this pation		-
12 DIDT	HPLACE (city or town)	an	rapolu	i Coud.	Other Contributory Causes of importence:	5/
	State or country)	aar adduk fada aha	1	2	Javan o nimmamil	1-1-1-6
	AME TA	codare	- n. Aa	marie	Inhalalian seament into luna	4/2
H 14. B	IRTHPLACE (city or to	own) The	sseli -	There e	Name of operation Brancopic Octe of	stal.
	(State or country)				What test confirmed diegnosist Chilical Wes there and	olopsy?
15. N	ALDEN NAME	atherin	e T.		23. If death was due to external causes (VIOLENCE) fill in also the following	:
5 16. B	IRTHPLACE (city or to	own) The	rsali-	Treece	Accident, suicide, or homicide? Oete of injury	, 19
(State or country) 17, INFORMANT Theoday Lamania					Where did injury occur?	
			Lan	ans	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
(Address) 37 Dean St,				IF,	•••••	
	AL, CREMATION, OR	REMOVAL	Date May	20 1936	Menner of injury	
	lace Leder Du	. H J	Date / / Date	, 19.2.2.	Neture of injury	
	RTAKER T.	1. H/2 m	2.5.2.1.7	+ 504	24. Was disease or injury in any way related to occupetion of deceased?	40
()	Address) 275	10541	10 /2	7	If so, specify quiltan Mark	1
20. FILED	5.14	19.36	Mund	Dis.	(Signed) A MAN AND AND CLASS	MA N
			e blanks are needed a	Registrar.	Tary N. Charles Street Religious Properties TV S. No	41-4-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of importance were a Attack of epilepsy	of death and related causes stollows:	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	2631 C NOC	I week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3601 3 1411	3 days ago	
			RECEIVED		
Other contributory causes of importance:		Other contributory ca	uses of importance:		
Gallstones	May 1,1923	Gastroenteritis		1 year	

ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS	BY PHYSIC	IAN
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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH 48

1. PLACE OF DEATH	92-00 V
County anne Mundel	Registration Dist. No. 26
Village or City Shadyside (1)	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S, if of foreign blrth?yrsmosds.
2. FULL NAME Sellman Scott	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH?
Male Col OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WHEE OF JUSSIE LAWER	Jan 14 ,1936, 10 May 13 , 1936
6. DATE OF BIRTH (month, day, end year) and 30 1877	alast saw h Ann alive on May 10 1936; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 5-45- A.m.
5-9 0 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trede, profession, or particular kind of work done, as SPINNER,	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	Julyaras assare of seus
10. Date decessed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Shady Side	Dther Centribatery Canses of importance:
(State or country)	
13. NAME Jacob Scott	
14. BIRTHPLACE (city or town) Much Grundel &	Name of operation Date of
(control country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Matilda Thompson 16. BIRTHPLACE (city or town) Anne arandel By	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?, 19, 19, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT States Seath Seath Seath Seath	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sport Carry Date May 16, 1936	Nature of injury
7-0 6/00/11-40	24. Was diseese or injury in any way related to occupation of deceased? 40
19. UNDERTAKER 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	If so, specify
0 1 0 1 1 1 9	(Signed) Start Start M. D
20. FILED May 14, 1936 The Solut M.D. Registrar.	(Address) Churchton Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	. 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cereoral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLAC	E OF	DEAT	н			942 0 4847	
	Count	ty	An	ne Arund	el		Registration Dist. No. 27	
	Villag	e or City	F	ort Geor	ge G. Mes	de, Md.	No Chatter Transition	Vard
	Length	of rasider	nca in cit	y or town where	death occurred	yrs. 1 mos	death occurred in a notification institution, give its NAME instead of street and number)	_ds.
2	. FULL	. NAM	EN	icholas.	E. Shaefe	r	If U. S. Veteran, specify WAR World War	
	(a) R	esidence:	No. E	ort Geor	ge G. Iles (Usual piace	de 16	St., Ward. If nonresident give city or town and State	
	PER	SONA	LAN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	SEX	4		OR RACE	OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH Nay 15 ,193 6	
5a.	Male If married HUSBAN	, widowed,		ite ced	Marri	Lea	(Month) (Day) (Year)
	(or) WIF	D of E of		se Shaef	er	July Gerbons 1	22. I HEREBY CERTIFY, That I attended dacaasad	
6. 1	DATE OF I	BIRTH (mo	nth, day	and yaar) A	ugust 12.	1897	I last saw h alive on ; death is	said
7. /	AGE	Yaars 38		Months	Oays 3	if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12:55p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
1	8 Trade	professio	n. or na	rticular	1	1 01	Date of c	nset
NO	ki S	nd of work	k dona, a DOKKEEI	S SPINNER, PER, etc	Soldier		Thrombosis, coronary, right.	
1	3-Indus	try or bus	iness in	which				
रु				ILK MILL,	U.S. ARI			
8	th	deceased l	ion (mon	th and	spe	ime (years) nt in this		
V	y y	aar)				upation19	Other Contributory Causes of importance:	
12.	BIRTHPL			Chicag	o, III.		Arteriosclerosis, generalized,	
~		or country			777.		with aortic and coronary artery	
FATHER	13. NAME		Unl	known			involvment.	
TA.		HPLACE (c		vn)			Nama of oparation	
-		Stata or co					What test confirmed diagnosis? Autopsy. Was there an autopsy?	Les
빞	15. MAID	EN NAME	U	nknovm			23. If daath was dua to axternal causes (VIOLENCE) fill in also the following:	
MOTHER		HPLACE (ci		vn)			Accident, suicide, or homicide?	
17.	INFORMAI (Addr		ervi	ce Recor	d.		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, C	REMATIO	N, OR RI	EMOVAL			Mannar of Injury	
	Place	Arlin	gton	Cemeter	y_DateMaj	18,1936	Nature of injury	
19.	UNDERTA (Addr			t Brooks			24. Was disease or injury in any way related to occupation of deceased? No.	
20.	FILED.			36	6 Pre	enan Registrar,	(Signad) H. HUME, Major, M.C. (Address) Fort George G. Meade, Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Case reported to the Bureau of the Consus.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUDGALL V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

-			
2	4		

7 th 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
info sta UP/	1. PLACE OF DEATH	94E) X
ould occ	County (line (blandel	Registration Dist. No.
sho of O	Village or City Classopole Med.	No. 435 Coplar Cive St., Ward death occurred in a hospital of institution, give its NAME instead of street and number)
	Length of residence in city of own where deeth occurred	
cb. Every YSICIANS statement	2. FULL NAME John Solenshe	K If U.S. Veteran specify WAR/
D. J SIC tate	(a) Residence: No. / 435 Poplar ave	St., Ward.
H F	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
£3.	Mule White OR DIVORCED (write the word)	May 19, 193.6 (Monthly (Day) (Year)
MANE? A C T] assified	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Harve Sotenshek	22. I HEREBY CERTIFY, That I attended deceased from 1936 to Many 19 1936
EX cla	6. DATE OF BIRTH (month, day, and year) 9100 -234 1859	1 last/saw h, see alive on May 19 1, 196; death is said
2	7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 12 man
IS A I stated properlifica	76 5 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
HIS II be st be p	8. Trade, profession, or particular kind of work done, as SPINNER, Petred Hunes SAWYER, BOOKKEEPER, atc.	Caranary Thrambosis 5719/3/
VK-TI should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	A A A A A A A A A A A A A A A A A A A
INK sh t it on	11. Total time (years) this occupetion (month end year) 11. Total time (years) spent in this occupation	
NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) australia	Other Contributary Consea of importance:
ed. is, structure	(State or country)	Chr. arterial hyperturia the
	II 13. NAME Muliworn	3
y sul ain t	14. BIRTHPLACE (city or town) Muleum (Stata or country)	Name of operation
== 2 .	15. MAIDEN NAME Hulen	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
INCY, W. be carefu EATH in important	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
AT AT	(State or country)	Where did Injury occur?(Specify city or town, county and State)
A D D	17. INFORMANT Talple Danney a (Address) Commercial mid.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
shour S OF	18. BURIAL, CREMATION, OR REMOVAL AND THE TILE OF THE SECOND SECO	Manner of Injury
	Place Unicapous Date May d1, 1936	Nature of injury
Mation CAUS TION	19. UNDERTAKER Jolan 24 Saylor (Addrass) Connahul and	24. Was disease or injury in any way related to occupation of deceesed?
N. N.	20. FILED 5 21 , 19.36 M W Registrar.	(Signed) I MMMB My Grand M. D. (Address) Quantity of the MA Q.
	If More blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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5a. If merried, widowed HUSBAND of (or) WtFE of

6. DATE OF BIRTH (m

12. BIRTHPLACE (city (State or counts

> 15. MAIDEN NAM 16. BIRTHPLACE ((Stete or c

> 13. NAME 14. BIRTHPLACE (State or co

17. INFORMANT ... (Address) 18. BURIAL, CREMATI

19. UNDERTAKER

3. SEX

7. AGE

CCUPATION

FATHER

MOTHER

THE OF BEATTI		(2)	_ ,
County Ame	anudel.	Registration Dist. No.	2/
Village or City	dana		St., Ward
	(li	f death occurred in a hospital or institution, give its NAME instead of str	reet and number)
Length of residence in city or town where		ds. How tong in U.S. if of foreign blrth?yrs	ds.
FULL NAME Xac	Curo / nx m	and If U. S. Veteran, specify WAR	
(a) Residence: No.	as adants	See- Ward.	
	(Usual place of abode)	If nonresident give city or to	own and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ATH
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	d
nala maria	OR DIVORCED (write the word)	(Month) (Day)	, 193
merried, widowed, or divorced	8	(month) / (bay)	(Year)
HUSBAND of (or) WtFE of		22. I HEREBY CERTIFY, That I a	ittended deceased from
	> -/		19
TE OF BIRTH (month, dey, and yeer)	May 32 36	I lest saw h elive on	death is said
E Years Months	Deys If LESS than	to have occurred on the dete steted ebove, at	
(munual	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of Important were es follows:	
8. Trade, profession, or perticular	20		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	AX	0/4 2.1	
9. Industry or business in which work was done, as StLK MILL,	(Lifters	Still Com	
SAW MILL, BANK, etc.			
Date deceased last worked at this occupation (month and	11. Total time (years) spent In this	Hel- 1	
year)	occupation	Other Contributory Causes of Importance:	~~~~~
IRTHPLACE (city or town)	ocdrum.	Other Conditional Canses of Importance.	
(State or country)	md,		
3. NAME (Please	Stollerin,		
A DIDTHIDLAGE (CA.	The said	Name of operation D) of a s
4. BIRTHPLACE (city or town) (State or country)	mist		n
5. MAIDEN NAME Malle	600. 3-	What test confirmed diagnosis? Wes the	
S. MAIDEN HAME / CECE	O To	23. If deeth wes due to externet causes (VIOLENCE) fill In elso the	
(Stete or country)		Accident, suicide, or homicide? Date of Injury	, 19
(State of Country)	CE O.	Where did injury occur? (Specify city or town, county	and State)
FORMANT William	Stallings	Specify whether injury occurred in INDUSTRY, in HOME, or in PUI	BLIC PLACE.
(Address)	adena		
URIAL, CREMATION, OR REMOVAL	- NU V=4 3	Menner of injury	
Plece /	Date, 19	Nature of injury	
NDERTAKER	and a	24. Was diseese or injury in any wey related to occupation of decea	ased? 18
(Address)		If so, specify	
	7 10 1/10	hat the	1/

V. S. No. 1

IS A PERMANENT REC

WITH UNFADING INK-THIS

AGE should be

MARGIN RESERVED FOR BINDING

stated EXACTLY.

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See instructions on back

CAUSE OF DEATH in plain terms, so that it may

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mation should be carefully supplied.

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Registrar.

(Address)

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,	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4850			
1. PLACE OF DEATH	92:00 .			
County Chris Cruedel rownwell	State Hoskital Registration Dist. No.			
Village or City Water Joury 2010	NoSt.,Ward			
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?rsmosds.			
2. FULL NAME Click Stakes	If U. S. Veteran, specify WAR			
(a) Residence: No. Baltine or Md. 1323 Madison Ave (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Way (Month) (Day) (Yeer)			
5a. If marriad, widowed, or divorced HUSBAND of				
(or) WIFE of 2 Unknown	22. I HEREBY CERTIFY, That I attended deceased from 19.33, to May 30, 19.36			
6. DATE OF BIRTH (month, day, and year)	I last saw hest alive on Way 301, 1936; deeth is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at			
20 48 7 7 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows: Occupant Causaline & Uitatary Date of one			
8. Trade, profession, or particular kind of work done, as SPINNER, Horise Wile SAWYER, BOOKKEEPER, etc.				
No. Irade, profession, or particular hind of work done, as SPINNER, Horace Wife SAWYER, BOOKKEEPER, etc				
work was done, as SILK MILL, SAW MILL, BANK, etc				
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation				
7/1:	Other Contributory Causes of Importance:			
12. BIRTHPLACE (city or town) 44441	Without Van Lines			
13. NAME Robert Good				
14. BIRTHPLACE (city or town) Uniquica	Name of operation Date of			
(State of Country)	What test confirmed diagnosis? Was there an autopsy?			
16. BIRTHPLACE (city or town) Uinguica	23. If daath was dua to external causes (VIOLENCE) fill in also tha following:			
5 16. BIRTHPLACE (city or town) U. Agrica	Accident, suicide, or homicide?			
(Stata or country)	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT # Coputal / Cecord (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place the Cuchun Country Date May 3 1 1934	Nature of injury			
19. UNDERTAKER (I Chutal of) Highers	24. Was disease or injury in any way related to occupation of deceased?			
20. FILED 5 30 , 19 3 6 Man 10 kg:	(Signed) M. D. (Address) N. Ou solle W. d.			
Registra.	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Example I	Example II			
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes Date of onset of importance were as follows:			
Arteriosclerosis V915	Attack of epilepsy 1 week ago			
Chronic interstitial nephritis 6 5 C - Del	Run over by street car 1 week ago			
Cerebral hemorrhage July 199	Peritonitis 3 days ago			
Other contributory causes of importance:	Other contributory causes of importance:			
Gallstones May 1,19%	Gastroenteritis 1 year			

	ADDITIONAL SPACE	E FOR FURTH	ER STATEMEN	ALS BY LHASIC	IAN	
For	authority to	change c	date of)	zirth.		
sec	letter filed	under)	Winterode	6-12-36		
				B		

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Example 1	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis Programme Company	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BURFAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

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STATE OF	MARYLAND—CERTIFICATE OF DEATH	4852
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	1. PLACE OF DEATH	2002	
	County anne arundel	Registration Dist. No. 2-3	
	1.1	10 (m. 1. Pl	
1	Village or City Handsley (199.	death occurred in a hospital or institution, give its NAME instead of street and number)	
	Length of residence in city or town where deeth occurred. T. & yrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.	
	2. FULL NAME Mrs. Ida Jane Rebers.	Jumen If U. S. Veteran, specify WAR	
	(a) Residence: No. Comp Meade Red.	St., Ward. Havor Ind.	
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	Ternaly Whate OR DIVORCED (write the word)	(Month) (Dey) (Yaer)	
	5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended deceesed from	
	(or) WIFE of Dennis Warfield Jurney.	april 15 19 26 to Mile 5- 19 26	
d)	6. DATE OF BIRTH (month, day, end year) March 11, 186 4	Hest sew h see elive on May 5 , 19.37; death is said	
cat	7. AGE Years Months Deys If LESS than	to heve occurred on the date steted ebove, et_11:00H_m.	
certificate	72 1 $2 \leftarrow 1$ dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:	
	9 Trade profession or portionlar	Permitton anemia 1931	
Jo	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Typertensia 1928	
back			
on b	SAW MILL, BANK, etc. 11. Total time (yeers)		
	this occupation (month and spent in this occupation occupation		
instructions	12. BIRTHPLACE (city or town) Stones, Run-anne annel	Other Contributory Causes of importance: 1934	
ruc	(State or country) Grd.	Cystifis 1935	
nst	13. NAME Learge Rider		
See i	14. BIRTHPLACE (city or town) England	Name of operation Date of	
Ñ	(State of Country)	What tast confirmed diagnosis? Clausef Was there en eulopsy? 24	
int.	15. MAIDEN NAME Soon Jeens Smith	23. If daeth wes due to externel causes (VIOL ENCE) fill in also the following:	
important	16. BIRTHPLACE (city or town). Cleme arread Co.	Accident, suicida, or homicide? Dete of injury, 19	
mpc	(Stete or country)	Whera did injury occur? (Specify city or town, county and State)	
very in	17. INFORMANT Mrs That Berson Rd. Balto M	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
3 Ve	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
N is	Plece adars to lum Dete m 5 1, 19 26	Nature of Injury	
LION	19. UNDERTAKER IN July July	24. Was disease or injury In eny wey releted to occupetion of deceesed?	
I	(Address) / h of a Cont	If so, specify	
	20. FILED Pray 6 1936 Calderell Dochull	(Signed) Chas. L. Ball, Jr. M. D.	
	Registrat	(Address) Similarician, Mg.	

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Example I	i i	Example II	Z3xttIIIpico:
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	7-8-22-3
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

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mation should be carefully supplied.

-WRITE PLA

V. S. No. 1

certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLAC	E OF DEAT	гн				102	V	4	853
Count	ty Ar	ine Aru	ndel				Registration	Dist. No	21
\	e or City A				No. 167	spital or instituti	on, give its NAM		
Length	n of residence in cit	ty or town where	death occurred	yrsmos	sds. How lo	ng in U.S. if of	foreign birth?	yrs	mosds
2. FULL	NAME	THOMAS	TYDINGS			1000	1		
(a) R	esidence: No	167 Gl	oucester (Usual place o		St., 2 w	ard.	If nonresident	RATE LIMITO	and State
PER	SONAL AN	D STATIST	ICAL PARTIC	CULARS	ME	DICAL CE	RTIFICATE	OF DEAT	Н
male	4. colo	r or race ite	5. SINGLE, MARR OR DIVORCED Single	RIED, WIDOWED, (write the word)	21. DATE OF		May (Month)	28 (Day)	193_6 (Yeer)
5a. If married HUSBAN (or) WIE		rced			22. IH	EREBY	CERTIF		nded deceased fro
	BIRTH (month, day		July 7,	1870	I last saw h	alive on0	May 3	22 ,19.	36; deeth is sai
7. AGE	Years 65	Months 10	Days 21	If LESS than I day,hrs. ormin.	to have occurred on The PRINCIPAL CA were as follows:				Date of onset
9. Indus	stry or business in ork wes done, as S	as SPINNER, PER, etc which ILK MILL.	etired m	erchant	Lot	ulav	Preus	rsuid	5-25-3
Date Date	AW MILL, BANK, e deceased last wor nis occupation (mor ear)	ked at		ne (yeers) t In this pation	on carl	0			
	ACE (city or town).		apolis, Maryland		Other Contributory		tance:		
13. NAMI	Thoms	as Tydi	ngs						
	HPLACE (city or to State or country)	wn)	Annapol Ma	is.	Name of operation What test confirmed				
15. MAID	EN NAME HE	arriett	Johnson		23. If death was due t				
15. MAID	HPLACE (city or to	wn) A	nnapolis		Accident, suicide, or				
17. INFORMAL	State or country)	George	Maryla Russell	nd.	Where did injury oc Specify whether inju	cur?	(Specify city or	town, county and	d State)
(Addr	ess) 167 (louces	ter St.,	Annapoli	3				
Place.		lis, Md	• Date May	30 ,19 36	Manner of injury				
19. UNDERTA	St. Maj KER John ess) Anna	y s Ce M. Tay polis	metery lor, Md.		24. Was diseese or in				J?
	5-28	. 45	KaMes	Magistral.	(Signed)_ W.(Address	alfors s) lu	It Hot	som	=/M. I
		If more	blanks are needed, ad	Idre State Registrar,	2411 N. Charles Street,	Baltimore, Req	uesting U. S. No.	I.	

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Chronic interstitial rephritis UN 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA.

Exact statement

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N. B.-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	/	(46-B) ×
County 4		Registration Dist. No. 🛴
Village or City Odly	Man.	NoSt., Ward feath occurred in a hospitel or institution, give its NAME instead of street and number)
Length of residence in city or town where do	eath occurred/yrsme	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME that (a) Residence: No. Odl	les Just	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
Male Octor or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mag 31 , 193 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Make	Tyler,	22. O I HEREBY CERTIFY, That I attended deceased from 1935 to 24 34 31 1936
6. DATE OF BIRTH (month, day, and year)	as July 878	I last saw h as alive on May 30 , 1936; death is sal
7. AGE Years Months	Deys If LESS than 1 day,hrs.	I THE I KINCH AL CAUSE OF DEATH AND I CHARGE GRASS OF IMPORTANCE
8. Trede, profession, or particular kind of work done, as SPINNER.	Halmer.	were as follows: Detectionse
SAWYER, BOOKKEEPER, etc		Coccinona j
10. Date deceased last worked at this occupation (month and year)	11. Totel time (years) spent in this occupation	
12. BIRTHPLACE (city or town). (State or country)	though the	Other Contributory Causes of Importance:
13. NAME Miles	rom-	Dissand
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)		Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME	/	23. If deal was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Enri	Accident, suicide, or homicide? Date of injury ,19
17. INFORMANT Masy (Address)	Oyler ma	Where did Injury occur? (Specify city ontown, county and State) Specify whether Injury occurred In INDUSTRY, in HOMB, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place O CLINIAN	Date Jame 3 1936	Momer of injury
19. UNDERTAKER	Julinna	Nature of injury
20. FILED 5 2 , 19.3.6	Murp in	(Signed) (Signed) M.
Ti man	blanks are moded address State Peristra	A Charles Street Baltimore Converted & Charles MAN

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 111 8 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

1	
RESERVED	
MARGIN	
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V. S. No. 1

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over

PHYSICIANS should state B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. Exact statement of OCCUPA-AGE should be stated EXACTLY. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—CERTIFICATE OF D	AND—CERTIFICATE OF DEA	TI
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SIAIL OF MARYLAND	CERTIFICATE OF DEATH 4855
Anna Amundal	Registration Dist. No. 21
Village or City. Chesapeake Bay	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foralgn birth? vrs. mos ds.
Length of residence in city or town where daeth occurredyrs	_mosds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME unnamed infant	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX * 4. COLOR OR RACE OR DIVORCED (write the word on the word)	21. DATE OF DEATH No. 193 6 (Month) (Day) (Yeer)
5a. If marriad, widowed, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceesed from
6. DATE OF BIRTH (month, day, and yeer) Probably May I7 7. AGE Years Months Days If LESS the	1 lest sew h
7. AGE Years Months Days If LESS that dey,	hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profassion, or perticular kind of work done, es SPINNER, SAWYER, BODKKEPPER, etc	Stillbirth
this occupation (month end spant in this occupation spant in this occupation spant in this occupation spant in the spant i	Dther Contributory Causes of importance:
13. NAME	
13. NAME Pt 14. BIRTHPLACE (city or town) Pt (State or country) Pt	Neme of operation————————————————————————————————————
15. MAIOEN NAME	23. If death wes due to external ceuses (VIDL ENCE) fill in elso the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Venice on Bay Oate 5-29 , 19.	Manner of injury
19. UNOERTAKER Lemitel Jenkins (Address) Pasadena, Md.	24. Wes diseese or injury in eny way releted to occupation of deceesed? if so, specify (Signad) A. A. B. C. J. M. O.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			0.00

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This infant was found on the beach where it had drifted, wrapped in a newspaper together with the afterbirth. The body was very decomposed, the abdominal cavity open, and the genitals missing

The newspaper was dated May 17th

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

item of infor-

D. Every

+	1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
UP.	1	L PLACE OF DEATH	4856
OCCUP	V	County dune Grundel	Registration Dist. No.
0	1	Village or City Winchester Quine	General laenty Md St., Ward
of	11	1) /2 (16)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign bigh?yrsmosds.
ent		Length of residence in city or town where deeth occurred yrs,mos.	(0)
em	2	2. FULL NAME Josephine Woodland	If U. S. Veteran, specify WAR
statement		(a) Residence: No. Llunchesty & Co YM (Usual place of abode)	St., Ward. If nonresident give city or town and State
	-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. 3	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH AND
		While OR DIVORCED (write the word)	May 2/, 193 (Month) (Dey) (Year)
ied.	5e.	If merried, widowed, or divorced	
classified		HUSBAND OF Charles at Very	22. HEREBY CERTIFY That I ettended deceased from
cla .		DATE OF BIRTH (month, day, end year) Lune 25 1859	Mest sew h. M. Alive on May 27, 1936; death is seid
ly ate	1	AGE Yeers Months Days II LESS than	to have occurred on the dete steted above, at 10 m.
properly sertificate	1	. +7/ 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
properly certificate.	-	8. Trade profession or particular	were as follows: Date of onset 5-21-36
be	ON	kind of work done, es SPINNER, // dne_ SAWYER, BOOKKEEPER, etc	anging Tectoris
may back	PAT	9. Industry or business in which work was done, as SILK MILL,	
ba	D.S.	SAW MILL, BANK, etc	U
nt it	0	10. Date decessed lest worked et this occupation (month and year)	
erms, so that instructions o		XY Laurence Co	Other Contributory Causes of Importance: Selevonin Have
soucti	12.	(Stete or country)	But Willer to Change
erms,	ER S	13. NAME - U) ooolland	are the grant of the same
40 (1)	II	14, BIRTHPLACE (city or town) Vuginia	Name of operation
ain t	FAT	(State or country)	What test confirmed diegnosis? Was there en eutopsy?
	HER	15. MAIDEN NAME - Waddox	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
EATH in pimportant.	MOTH	16. BIRTHPLACE (city or town) Winginia	Accident, suicide, or homicide? Dete of injury, 19
DEATH y import	Σ	(State or country)	Where did injury occur?
DE.	17	INFORMANT SARAV GU Vay JV	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
OF D		(Address) Willhite age of me	
	18	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	-	So the Man	Nature of injury
CAUS	19	UNDERTAKER William & Cickney Son	24. Wes disease or injury in any way related to occupation of deceased?
	-	(Address) Dalligrose, Frill	If so, specify
1	20	FILED 72 1936 Musphy	(Signed) Walley M. D. M. D. (Address) Green States
1)	-	Regispar. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Ì li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UREAU V. S.	July 5,1927	Peritonitis	3 days ago
See all the second of the seco			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every nem of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4857
County anne arundel	Registration Dist. No.
Village or City Sudley	No. St., Ward ff death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Matterns	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (register the word) Minale 1. COLOR OR RACE OR DIVORCED (register the word)	21. DATE OF DEATH
a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Joshua Mathins	Jan 18 19.33 to May 6 1936
6. DATE OF BIRTH (month, day, and year) Unknown 1870	1 last saw her elive on Offsel 14 J., 193 (a deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stand above, at 1.0 A.m.
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Soul work	Chrosse My ocasdilis
9. Industry or business in which	Chrone Hage Sirilia
work wes done, es SILK MILL, SAW MILL, BANK, etc	-
70. Date deceased lest worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Sealoget Plan (State or country)	-
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Calvert 100.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TRAIN Brown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - BOLL FO	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Calvert LaO	Where did injury occur?
17. INFORMANT Sohna Saltsins	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place a Jani & Star Date May 10, 19.34	Nature of injury
19. UNDERTAKER - W. Asperdict of Angella (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 9, 1936 St. J. Claylor Registrar.	(Signed) Folker M.D.
If more blanks are nøded, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

YSICIAN	3 Y	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
YSICIA	3 Y	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

rem of infor-

Exact statement of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE	OF DEATH
DEATH	(97)	10
ne Arundel		D 11 11 D11 11

1. PLACE OF DEATH	
Anna Amundal	97 10 1.1
County	Registration Dist. No. No.
Village or City Crownsville State Hospi	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Leagthpot residence in city or town where death occurred 2 yrs. 1 m	os. 12 ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Charles Wells	If U. S. Veteran, specify WAR
(a) Residence: No. Prince George Cou (Usual place of abode)	ntySt., Mary Wardand If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (watte the word) WIDOWED	21. DATE OF DEATH May 6th (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of —————— Unknown 6. DATE OF BIRTH (month, day, and year) 1870	22. HEREBY CERTIFY, That i attended daceasad fr Feb. 14th ,19 34, to May 6th ,19 36 Hast saw h im alive on May 6th ,19 36; death is sr
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 12:50P.M.
66 Unknown 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	General arteriosclerosis Oate of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer	
Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importanca: Senility
(State or country)	
13. NAME William Wells	
14. BIRTHPLACE (city or town) Maryland (State or country)	Nama of operation Oata of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Fanny Young	23. If daath was due to external causas (VIOLENCE) fill in also the following:
15. MAIOEN NAME Fanny Young 16. BIRTHPLACE (city or town) Mary Land	Accident, suicide, or homicide?
- 1 (State of Country)	Whara did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Hospital Records	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Grownsville Maryland 18. BUDYAL, CREMATION, OR REMOVAL	Manner of Injury
Hacethat cerelas oate 1/2 136	Nature of Injury
19. UNDERTAKER ON P. W water ode Supt	24. Was disease or Injury to any way related to occupation of deceased?
20. FILED 136 £.7. Jone	(Signed Crownsville, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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h	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

should state of OCCUPA.

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

be

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied. PLAINLY,

N. B.-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF	F DEATI	н			(97) 10	,
County Anne Arundel						Registration Dist. No. 21	
	Village or Ci	ity	Growns	ville 3	tate Los	it NdSt.,	Ward
	Length of resid	denca in city	or town whera	faath occurred	2 yrs. 9 mos	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
2.	FULL NA	ME	John !	coolfor	a	If U. S. Veteran, specify WAR	
						St., Ward. OOO If nonresident give city or town and	Slate
-				ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3. S	ex nale	4. COLOR bla		5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED. D (write tha word)	21. DATE OF DEATH May 19th (Month) (Day)	, 193 6 (Yaar)
5a.	If married, widow HUSBAND of (or) WIFE of		en 1.00	lford		22. HEREBY CERTIFY, That I attended of July 25th 19 22, to May 19th	deceased from
6 D	ATE OF BIRTH ((month, day,	end year)	1879		last saw h_im_elive on_May 19th	; death is said
7. A		rs	Months	Deys	If LESS than 1 day,hrs.	to have occurred on the date stated above, all:50 mA. II.	
64	and the	W.	Unkn	dwn	ormin.	wera as follows: Cerebral erterioselerosis	Date of onset
N	kind of w	ssion, or part work done, as	ticular s Spinner, er, atc	Labor	er	Vergoral erteriosgierosis	
R	. Industry or	business in v	which		· Marie		
3	SAW MIL	s dona, as SII LL, BANK, etc	C				
9		pation (mont	hand	spe	time (yeers) ent in this		
					upation	Othar Contributory Causes of Importanca:	0
12.	BIRTHPLACE (cil			Lang		Senility	-
ER	13. NAME		Jacob	Woolfor	d		
FATHER	14. BIRTHPLACE	(city or tow	(n)	Merglen	d	Name of oparation Date of	
1		r country)				What test confirmed diagnosis? Was there an a	utopsy?
HER	15. MAIDEN NA	ME N	mily	ing		23. If death wes due to external causes (VIDL ENCE) fill in also the following	:
MOTHER	16. BIRTHPLACE (State or	E (city or tow r country)	/n)	Mers	lund	Accidant, suicide, or homicida? Date of injury	
17.	INFORMANT	Hospi Cro	tal Ne	oords Le, Mar	11:nd	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) AGE.
18.	BURIAL, CREMAT	TION, DR RE	MDVAL	-Date Ma	42436	Menner of injury	
	UNDERTAKER (Address))as	2 W	Jas F. J.	Jayes Try 4	24. Was disease or injury in any way related to occupation of deceased? If so, secify (Signed)	M. D.
				U.D.	Registrar.	(Addrass)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
9867	1			
Other contributory causes of importance		Other contributory causes of importance:	HE DESTRU	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

John Falford
Balti e City
Admitted July 25, 193

CA